

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 04/13/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966042	(X3) DATE SURVEY COMPLETED 04/03/2015
NAME OF PROVIDER OR SUPPLIER MAGNOLIA GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 3800 62ND AVENUE NORTH PINELLAS PARK, FL 33781	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

Assisted Living Facility

An unannounced complaint survey, CCR# 2015000450, was conducted on 4/03/15.

The Magnolia Gardens, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2015

Administrator
Magnolia Gardens
3800 62nd Avenue North
Pinellas Park, FL 33781

RE: CCR# 2015000450

Dear Administrator:

This letter reports the findings of a complaint survey completed on April 3, 2015, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during this survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions, please contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid-Caufman
Field Office Manager

for

PRC/kpr

Enclosure: State (5000-3547) Form

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