

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/01/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11943128	(X3) DATE SURVEY COMPLETED 04/13/2015
NAME OF PROVIDER OR SUPPLIER ST MARY'S HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 718 W. WINTER PARK STREET ORLANDO, FL 32804	

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

0000 - Initial Comments

A complaint investigation CCR #2015000437 with Limited Mental Health (LMH) was conducted on 4/13/15. Saint Mary's Home had no deficiencies found at the time of the visit



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 4, 2015

Administrator
St Mary's Home
718 W. Winter Park Street
Orlando, FL 32804

RE: CCR #2015000437

Dear Administrator:

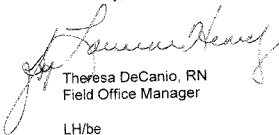
This letter reports the findings of a complaint survey completed on April 13, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, 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 Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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