

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/31/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965343	(X3) DATE SURVEY COMPLETED 07/23/2015
NAME OF PROVIDER OR SUPPLIER CHRISTIAN MANOR OF CLEARWATER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1845 N. KEENE ROAD CLEARWATER, FL 33755	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2015004686, was conducted in conjunction with a biennial state licensure survey on 7/23/15.

Christian Manor of Clearwater, Inc., had no deficiencies identified relative to the complaint survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

July 31, 2015

Administrator
Christian Manor of Clearwater, Inc.
1845 N. Keene Road
Clearwater, FL 33755

RE: Biennial survey & CCR# 2015004686

Dear Administrator:

This letter reports the findings of a biennial state licensure survey and a complaint survey that was conducted on July 23, 2015, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate no deficiencies were identified on the complaint survey and the deficiencies that were identified relative to the biennial survey. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than August 10, 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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.

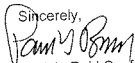
St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com



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

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia Reid Cauffman".

Patricia Reid Cauffman
Field Office Manager

for

PRC/kpr

Enclosures: State Forms (5000-3547)