

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/11/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943128	(X3) DATE SURVEY COMPLETED 09/09/2015
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#2015009234) was conducted on 9/27/15. St. Mary's Home Assisted Living Facility at 718 W. Park Street, Orlando 32804. There were no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 14, 2015

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

RE: CCR #2015009234 w/LMH

Dear Administrator:

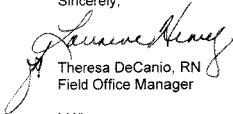
This letter reports the findings of a complaint survey completed on September 9, 2015 by representative(s) of this office.

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.shtm> 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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