

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 11/10/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965343	(X3) DATE SURVEY COMPLETED 11/02/2015
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

An unannounced Complaint survey (CCR#2015008299) was conducted on 11/2/15.

The Christian Manor of Clearwater, Assisted Living Facility, had no deficiencies at the time of this visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 10, 2015

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

RE: CCR #2015008299

Dear Administrator:

This letter reports the findings of a complaint survey completed on November 2, 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 **Paul Brown**, HFE Supervisor at (727) 552-2000.

Sincerely,

For

Patricia Reid Cauffman
Field Office Manager

PRC/aew

Enclosure: State (5000-3547) Form

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