AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953416	11/20/2015
NAME OF PROVIDER OR SUPPLIER **MAGNOLIA MANOR INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **926 S. MYRTLE AVENUE** **CLEARWATER, FL 34616**	

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

0000 Initial Comments

Assisted Living Facility Licensure

An unannounced biennial relicensure survey was conducted at Magnolia Manor Inc. on 11/20/15. The Magnolia Manor, Assisted Living Facility, had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 1, 2015

Administrator
Magnolia Manor Inc.
926 S. Myrtle Avenue
Clearwater, FL 34616

Dear Administrator:

This letter reports findings of a biennial state licensure survey that was conducted on November 20, 2015, by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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