

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/03/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910636	(X3) DATE SURVEY COMPLETED 11/18/2015
NAME OF PROVIDER OR SUPPLIER MASONIC HOME OF FLORIDA	STREET ADDRESS, CITY, STATE, ZIP CODE 3201 1ST STREET, N.E. SAINT PETERSBURG, FL 33704	

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

0000 Initial Comments

Assisted Living Facility

A complaint survey (CCR 2015009494) survey was conducted at The Masonic Home of Florida Assisted Living Facility on 11/18/2015. The Masonic Home of Florida Assisted Living Facility had no deficiencies at the time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 3, 2015

Administrator
Masonic Home Of Florida
3201 1st Street, N.E.
Saint Petersburg, FL 33704

RE: CCR #2015009494

Dear Administrator:

This letter reports the findings of a complaint survey completed on November 18, 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**, HFES at (727) 552-2000.

Sincerely,


Patricia Reid Kaufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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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