AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968024	12/22/2015
NAME OF PROVIDER OR SUPPLIER **BRISTOL COURT ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3479 54TH AVE N** **SAINT PETERSBURG, FL 33714**	

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

0000 Initial Comments

Assisted Living Facility Complaint

A complaint investigation (CCR# 2015012243) was conducted in conjunction with a Change of Ownership (CHOW) with Limited Nursing Services at Bristol Court Assisted Living on 12/22/15. Bristol Court Assisted Living had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 5, 2016

Administrator
Bristol Court Assisted Living
3479 54th Ave N
Saint Petersburg, FL 33714

RE: CCR# 2015012243 & CHOW with LNS

Dear Administrator:

This letter reports the findings of a complaint survey and a change of ownership (CHOW) state licensure survey with limited nursing services (LNS) that was conducted on December 22, 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 relative to the complaint survey and the deficiencies that were identified relative to the CHOW with LNS. 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than January 15, 2016.** 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.

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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,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State Forms 5000-3547