

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/16/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968206	(X3) DATE SURVEY COMPLETED 02/02/2016
NAME OF PROVIDER OR SUPPLIER SAFETY HARBOR SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 101 MAIN STREET SAFETY HARBOR, FL 34695	

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

0000 Initial Comments

Assisted Living Facility

An unannounced Complaint survey (CCR#2015012276 & 2015012398) was conducted on 2/2/16.

The Safety Harbor Senior Living ALF, Assisted Living Facility, had no deficiencies at the time of this visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 16, 2016

Administrator
Safety Harbor Senior Living
101 Main Street
Safety Harbor, FL 34695

RE: CCR #2015012398 & 2015012276

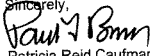
Dear Administrator:

This letter reports the findings of two complaint surveys completed on February 2, 2016 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,

For Patricia Reid Cauffman
Field Office Manager

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

BJK1

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