

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967181	(X3) DATE SURVEY COMPLETED 02/23/2016
NAME OF PROVIDER OR SUPPLIER MANATEE RIVER ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 820 5TH STREET WEST PALMETTO, FL 34221	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

An Abbreviated Biennial survey was conducted on 2/23/16. The Manatee River Assisted Living Facility had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 9, 2016

Administrator
Manatee River Assisted Living
820 5th Street West
Palmetto, FL 34221

Dear Administrator:

This letter reports findings of a abbreviated biennial state licensure survey that was conducted on February 23, 2016 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 Cauffman
Field Office Manager

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

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