

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/11/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967286	(X3) DATE SURVEY COMPLETED 03/01/2016
NAME OF PROVIDER OR SUPPLIER LOVING CARE OF ST PETERSBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 9TH STREET NORTH SAINT PETERSBURG, FL 33701	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

A complaint investigation (CCR#2015013285 and 2016000399) was completed on 3/1/16. The Loving Care of St Petersburg assisted living facility had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 11, 2016

Administrator
Loving Care Of St Petersburg
1001 9th Street North
Saint Petersburg, FL 33701

RE: CCR #2016000399 & 2015013285

Dear Administrator:

This letter reports the findings of two complaint surveys completed on April 25, 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,

Patricia Reid Cauffman
Field Office Manager

Fav

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

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