

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/25/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966804	(X3) DATE SURVEY COMPLETED 03/10/2016
NAME OF PROVIDER OR SUPPLIER STONE LEDGE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 12006 MCINTOSH ROAD THONOTOSASSA, FL 33592	

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

0000 Initial Comments

Assisted Living Facility

An unannounced Biennial licensure survey was conducted on 3/10/16.

The Stone Ledge Manor, Assisted Living Facility, had no deficiencies at the time of this visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 25, 2016

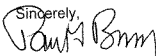
Administrator
Stone Ledge Manor
12006 McIntosh Road
Thonotosassa, FL 33592

Dear Administrator:

This letter reports findings of a biennial state licensure survey that was conducted on March 10, 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,

Patricia Reid Kaufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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