STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966266	**04/07/2016**
NAME OF PROVIDER OR SUPPLIER **CANTERBURY DREAMS**	STREET ADDRESS, CITY, STATE, ZIP CODE **675 CANTERBURY RD** **CLEARWATER, FL 33764**	

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

0000 Initial Comments

Assisted Living Facility

On April 7th 2016 a Abbreviated Biennial Survey was conducted at Canterbury Dreams Assisted Living Facility . Deficient practice was not identified at Canterbury Dreams Assisted Living during the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 15, 2016

Administrator
Canterbury Dreams
675 Canterbury Rd
Clearwater, FL 33764

Dear Administrator:

This letter reports findings of a abbreviated biennial state licensure survey that was conducted on April 7, 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 Caufman
Field Office Manager

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

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