STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966804	04/11/2016
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

On April 11, 2016, an expansion survey for 26 beds was conducted at Stone Ledge Manor in conjunction with a change of ownership (CHOW) survey. Stone Ledge Manor had no deficiencies at the time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 19, 2016

Administrator
Stone Ledge Manor
12006 McIntosh Road
Thonotosassa, FL 33592

Dear Administrator:

This letter reports findings of a change of ownership (CHOW) and a capacity increase state licensure survey that was conducted on April 11, 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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