

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/27/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964320	(X3) DATE SURVEY COMPLETED 04/13/2016
NAME OF PROVIDER OR SUPPLIER COUNTRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 2806 WEST SAM ALLEN ROAD PLANT CITY, FL 33565	

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

0000 Initial Comments

Assisted Living Facility

On April 13th 2016 a complaint Survey CCR# 2016001388 was conducted at Country Manor Assisted Living Facility . Deficient practice was not identified at Country Manor Assisted Living during the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 27, 2016

Administrator
Country Manor
2806 West Sam Allen Road
Plant City, FL 33565

RE: CCR #2016001388

Dear Administrator:

This letter reports the findings of a complaint survey completed on April 13, 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,

for

Patricia Reid Cauffman
Field Office Manager

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

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