

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/16/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968646	(X3) DATE SURVEY COMPLETED 05/06/2016
NAME OF PROVIDER OR SUPPLIER SEASONS LARGO	STREET ADDRESS, CITY, STATE, ZIP CODE 4175 EAST BAY DR CLEARWATER, FL 33764	

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

0000 Initial Comments

Assisted Living facility

On 5/6/16 a biennial Re-Licensure survey was conducted at Seasons Largo.
No deficient practice was identified during the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 16, 2016

Administrator
Seasons Largo
4175 East Bay Dr
Clearwater, FL 33764

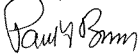
Dear Administrator:

This letter reports findings of a biennial state licensure survey that was conducted on May 6, 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 Kaufman
Field Office Manager

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

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