STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965343	R
NAME OF PROVIDER OR SUPPLIER **CHRISTIAN MANOR OF CLEARWATER, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1845 N. KEENE ROAD** **CLEARWATER, FL 33755**	

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

0000 Initial Comments

Assisted Living Facility

An unannounced revisit to complaint surveys (CCR# 2015013388, CCR# 2016002433, CCR# 2016002453 & CCR# 2016002513) of / was conducted at Christian Manor of Clearwater, Inc. on / /. The Christian Manor of Clearwater, Assisted Living Facility, had uncorrected and new deficiencies at the time of this revisit.

0007 Admissions - Criteria

Based on record review, interview, and observation the facility failed to follow the admission criteria regarding special diets and by having a medical examination from a health care provider which indicated that the resident's needs could not be met in an assisted living facility for 1 (#9) of 3 residents sampled for admissions.

Findings included:

A record review on / of Resident #9's health assessment dated revealed the health care provider prescribed a calorie controlled diet.

A review of the medical record on / for Resident #9 revealed the diet of calorie controlled was not a diet the facility could offer the resident. The facility's therapeutic diets were no concentrated sweets, no added salt and low fat/low .

A review of Resident #9's health assessment dated / revealed the health care provider stated that in his professional opinion, the resident's needs can not be met in an assisted living facility.
An observation was made of Resident #9 at 10:30am showing she was still a resident in the facility.

During the interview with the administrator on at 11:30 am administrator stated that she didn't do anything to correct this because she was told it was corrected.

Uncorrected from

Class III

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0008 Admissions - Health Assessment

Based on observation, record review and interview, the facility failed to provide a completed health assessment within 30 days of admission for 4 (#3, #6, #9, #12) of 4 residents sampled for completed health assessments.

Findings included:

A record review on of Resident #3's health assessment dated (no date on health assessment) revealed page 4 of the health assessment was missing. The information contained on this page would have been a list of all current medications, whether the individual will require any assistance with the administration of medication and the date of the examination, and the name,signature, address, telephone number of the examiner, the title of the examiner and license number of the examining health care provider.
The resident was admitted to the facility on .

A record review on of Resident #6's health assessment dated / and again on the date of the revisit survey on revealed the resident's health assessment did not have the following information: the facility name, facility address, facility phone number and facility contact person, no list of prescribed medications, whether the individual will require any assistance with the administration of medication and completed the address and telephone number of the examiner and license number of the examining health care provider.
The resident was admitted to the facility on / .

A record review on of Resident #9's health assessment dated / and again on the date of revealed the resident's health assessment did not have the following information: the resident's name and date of birth was not filled in on all four pages, the facility name, facility address, facility phone number and facility contact person, no height and weight filled in, no medication list, there was no phone number for the health care provider.
The resident was admitted to the facility on / / .

A record review on / of Resident #12's health assessment dated / / and again on the date of / revealed the facility information on the first page of the health assessment was the name, address and phone number of another facility, not the facility where she resided.
The resident was admitted to the facility on .

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The administrator stated in an interview on at 11:30 am that she didn't do anything to correct this because she was told it was corrected.

All four residents were observed in the facility.

Uncorrected from

Class III

0025 Resident Care - Supervision

Based on observation, record review, and interview, the facility did not monitor the quality and quantity of diets by not providing the diet prescribed by the Health Care Provider for 1 (#9) of 5 residents sampled for care and services.

Findings included:

A record review on of Resident #9's health assessment dated / revealed the health care provider prescribed a calorie controlled diet. The diet of calorie controlled was not a diet the facility could offer the resident. As per the Administrator, the facility's therapeutic diets were no concentrated sweets, no added salt and low fat/low .
An observation of the noon meal on at 11:20 am, revealed Resident #9 received a regular meal of meatloaf with gravy, mashed potatoes with gravy, carrots, mixed salad and gelatin. She did not receive a calorie controlled diet as ordered.
In an interview, the administrator stated on at 11:30 am that she didn't do anything to correct this because she was told it was corrected.

Uncorrected from / /

Class III

0052 Medication - Assistance with Self-Admin

Based on observation, record review, and interview, the facility failed to ensure that residents are assisted with self-administered medications in accordance with physician orders and in accordance with procedures described in Section 429.256, F.S., including prompting residents to take medications as prescribed. The facility also failed to ensure that when a resident who receives assistance with

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self-administration of medication is away from the facility and from facility staff, an option is provided for the resident to take medications as prescribed. Medications were not being provided as ordered for 3 of 3 residents reviewed on .

Findings included:

Per Surveyor review of Medication Observation Records (MORs) in use by the facility during revisit beginning at 9:00am, the facility failed to correct deficient practice.
Per review of MORs for the month of , 2016, Resident #5 was prescribed 15mg with instructions on MOR to " Take one tablet by mouth every 6 hours as needed. " The medication is listed on the MOR to be provided at 8am, 2pm, & 8pm - initialed as provided at 8am, 2pm, & 8pm every day / through -- not listed on reverse (page blank) with times provided, reason/results, etc. The facility provided this medication at incorrect times on a scheduled, not PRN, basis. " DESC " is written across the , , & / spaces for provision initials. Per review of MORs for the month of , 2016, Resident #5 is prescribed 15mg with instructions handwritten on MOR to " Take one tab PO every 8 hours PRN for pain. " - initialed as provided on / at 2:30pm -- not listed on reverse (page blank) with times provided, reason/results, etc. There are no initials indicating provision of an additional 7 medications on / prescribed to be provided Resident #5 1-2 times a day.
Per review of MORs for the month of , 2016, Resident #5 is prescribed , 30mg with instructions on MOR to " Take one tablet by mouth every 12 hours. " - not initialed as provided at any time on 5/1 & ; 15mg tab with instructions on MOR to " Take one tablet by mouth daily at 8am. " - not initialed as provided on as of 10:00am review; 30mg tab with instructions on MOR to " Take one tablet by mouth every 12 hours (7am & 7pm) " - not initialed as provided on / at 7pm & on / at 7am. There were no initials or explanation on reverse of MOR indicating reason for not providing the medications as ordered.
Per review of MORs for the month of , 2016, Resident #9 is prescribed 1mg with instructions on MOR to " Take one tablet by mouth daily (8am). " -- not initialed as provided at any time on 5/1 & ; Mesyla 2.5mg with instructions on MOR to " Take one tablet by mouth at bedtime (8pm) " - not initialed as provided on / / .
MORs for Residents #6 & 10 for the month of , 2016, and for Resident #20 for the months of & , 2016, were not available in the MORs book on / at 9:00am when review begun -- Staff E retrieved from Administrator 's 10:37am & stated: " She <the Administrator> was still working on them so had them in her . " Per / review of Resident #20 ' s MORs for the month of , 2016, 8 medications were listed & initialed as provided at 8am and/or 8pm as prescribed for all days 4/1 through / . Attached to 2-page , MOR: 2-page MOR with same medications listed as MOR for Resident #20; no name or other identifying information on MOR in progress for , 2016 as of / at 10:30am - no indication of provision of 6 medications (

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..., ..., & ...) prescribed to be given at 8am on 5/1/& ... and no indication of provision of 3 medications (Donapezil, ..., & ...) prescribed to be given at 8pm on ...

Uncorrected Class III

0054 Medication - Records

Based on record review and interview, the facility failed to ensure proper maintenance of a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications that includes the name of the resident and any known the resident may have, the name of the resident's health care provider, and the health care provider's telephone number.

Findings included:

Per Surveyor review of Medication Observation Records (MORs) in use by the facility during / revisit beginning at 9:00am, the facility failed to correct deficient practice.
MORs for Residents #6 & 10 for the month of , 2016, and for Resident #20 for the months of & , 2016, were not available in the MORs book on / at 9:00am when review was begun -- Staff E retrieved from Administrator ' s ... 10:37am & stated: " She <the Administrator> was still working on them so had them in her ... " Per review of Resident #20 ' s MORs for the month of , 2016, 8 medications were listed & initialed as provided at 8am and/or 8pm as prescribed for all days 4/1 through ... / ... Attached to 2-page ... MOR: 2-page MOR with same medications listed as MOR for Resident #20; no name or other identifying information on MOR in progress for , 2016 as of .../... at 10:37am - no indication of provision of 6 medications (, , , ..., & ...) prescribed to be given at 8am on 5/1/& ... and no indication of provision of 3 medications (Donapezil, ..., & ...) prescribed to be given at 8pm on /
Per Surveyor review of Medication Observation Records (MORs) on beginning at 9:30am, the facility uses a mixture of typed and handwritten MORs that do not include required information. Seven of 7 Medication Observation Records (MORs) randomly selected do not contain required information as follows:
Resident #4 ' s typed MOR contains resident ' s name, ..., date of birth, facility name, & date: 2016. The MOR does not include any known the resident may have, the name of the resident's health care provider, and the health care provider's telephone number.
Resident #5 ' s handwritten MOR contains resident ' s name & date: ... 2016. The MOR does not include any known the resident may have, the name of the resident's health care provider, and the health care provider's telephone number.

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Resident #6 ' s typed MOR contains resident ' s name, , date of birth, facility name, & date: 2016. The MOR does not include any known the resident may have, the name of the resident's health care provider, and the health care provider's telephone number.
Resident #7 ' s handwritten MOR contains resident ' s name & date: 2016. The MOR does not include any known the resident may have, the name of the resident's health care provider, and the health care provider's telephone number.
Resident #9 ' s typed MOR contains resident ' s name, , date of birth, facility name, & date: 2016. The MOR does not include any known the resident may have, the name of the resident's health care provider, and the health care provider's telephone number.
Resident #10 ' s typed MOR contains resident ' s name, , date of birth, facility name, & date: 2016. The MOR does not include any known the resident may have, the name of the resident's health care provider, and the health care provider's telephone number.
Resident #11 ' s handwritten MOR contains resident ' s name & date: 2016. The MOR does not include any known the resident may have, the name of the resident's health care provider, and the health care provider's telephone number.
The Owner/Administrator acknowledged the missing information and was observed on at 2:40pm calling Resident #6 ' s daughter at her place of employment. With telephone on speaker, the Owner/Administrator was asking the person on the other end of the phone to get Resident #6 ' s daughter on the phone because she needed the name of the resident ' s doctor. The daughter was unavailable at the time, so the owner left that message. Per record review, Resident #6 had been admitted to the facility on / .

Uncorrected Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to ensure that centrally stored medications are kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times, failed to ensure that medications requiring refrigeration are secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked, and failed to ensure that medications are kept separately from the medications of other residents.

Findings included:

Per Surveyor observations during / facility revisit beginning at 9:00am, the facility has failed to correct deficient practice. Surveyor opened the unlocked refrigerator (referenced /) on at 9:00am and observed on the refrigerator door 5 medications labeled for Resident #12: 2 ,

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Opthamolic Sol 0.005% dated & ; 2 Sol 0.5% dated ; and 1 2% Sol. All of the medications were freely accessible to all residents, staff, and visitors, not stored and secured as required.
All of the medications referenced above were freely accessible to all residents, staff, and visitors, not stored and secured as required.

Uncorrected Class III

0056 Medication - Labeling and Orders

Based on observation and record review, the facility failed to ensure that medications prescribed to be provided as needed include specific directions, including the circumstances under which it would be appropriate for the resident to request the medication and any limitations, for 4 of 4 residents reviewed and 1 of 1 residents reviewed with as needed (PRN) medication orders.

Findings included:

Per Surveyor review of Medication Observation Records (MORs) in use by the facility during revisit beginning at 9:00am, the facility failed to correct deficient practice.
Per review of MORs for the month of , 2016, Resident #5 was prescribed 15mg with instructions on MOR to " Take one tablet by mouth every 6 hours as needed. " The medication is listed on the MOR to be provided at 8am, 2pm, & 8pm - initialed as provided at 8am, 2pm, & 8pm every day through -- not listed on reverse (page blank) with times provided, reason/results, etc. The facility provided this medication at incorrect times on a scheduled, not PRN, basis. " DESC " is written across the , , & spaces for provision initials. Per review of MORs for the month of , 2016, Resident #5 is prescribed 15mg with instructions handwritten on MOR to " Take one tab PO every 8 hours PRN for pain. " - initialed as provided on at 2:30pm -- not listed on reverse (page blank) with times provided, reason/results, etc.
Per Surveyor review of Medication Observation Records (MORs) in use by the facility on beginning at 9:30am, several medications are prescribed to be given as needed, without any directions specifying when it would be appropriate for the resident to request the medication, no records of reason for provision of PRN medications, and no record of results of the PRN medication provision. Examples include:
Resident #6 was prescribed SOD 100mg with orders to take 1 capsule by mouth twice a day as needed for . PRN is listed twice in the MOR times slot - the 1st PRN line is initialed as provided daily 3/1- , no times specified, and not listed on reverse (page blank) with times provided, reason/results, etc.
Handwritten on Resident #6 ' s MOR, not typed by pharmacy, and no physician order found per record

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review: [illegible] - Take 2 tbsp as needed for upset stomach - PRN listed in time slot; initialed as provided daily 3/1- [illegible], no times specified, and not listed on reverse (page blank) with times provided, reason/results, etc. The facility is providing this medication on a scheduled, not PRN, basis.
Resident #5 was prescribed [illegible] 5.325mg - " 1 PO every 6 hrs as needed. " The medication is listed on the MOR to be provided at 8am, 12pm, 8pm, & 12am, every 4 hours, not 6, and not as needed-scheduled times listed and initialed as provided at 8am, 12pm, & 8pm on [illegible], 8am & 8pm on [illegible], 8am, 12pm, & 8pm on [illegible] through [illegible], and at 8am on [illegible]; not listed on reverse (page blank) with times provided, reason/results, etc. The facility is providing this medication at incorrect times on a scheduled, not PRN, basis.
Resident #5 was prescribed [illegible] 15mg - " 1 PO every 4 hrs as needed for pain. " The medication is listed on the MOR to be provided at 8am, 12pm, 8pm, & 12am - initialed as provided at 8pm on [illegible], at 8am, 12pm, & 8pm through [illegible] and at 8am on day of visit [illegible]; not listed on reverse (page blank) with times provided, reason/results, etc. The facility is providing this medication at incorrect times on a scheduled, not PRN, basis.
Resident #5 was prescribed [illegible] Inhaler - 2 puffs 2x daily as needed - listed as PRN to be provided at 8am & 8pm, not as needed -scheduled times listed and initialed as provided at 8am on through and at 8pm on [illegible]; not listed on reverse (page blank) with times provided, reason/results, etc.
Resident #7 was prescribed [illegible] 25mg - Take 1 tab PO if Syst>150. 8pm is listed on MOR next to medication & initialed as provided 3/1 through at 8pm - no readings listed & not listed on reverse (page blank) with times provided, reason/results, etc. Listed below is 5mg tab - Take 1 tab PO at bedtime - Appears that initials signifying provision of med belong to this med - not correctly documented & confusing - no indication of provision of as ordered.
Resident #9 was prescribed [illegible] HFA 0.09mg - Take 1-2 puffs every 6 hours as needed for [illegible]. 8, 12, & 8 handwritten in hours column; initialed as provided every day 3/1 through [illegible] at noon, not provided during facility visit. The facility is providing this medication once a day on a scheduled, not PRN, basis.

Uncorrected Class III

0057 Medication - Over The Counter (OTC) Products

Based on observation and interview, the facility failed to ensure that over the counter medications, [illegible], nutritional supplements and nutraceuticals, referred to as OTC products, are labeled with the resident's name for whom the product is prescribed. The facility failed to abide by regulations specifically stating that a stock supply of OTC products for multiple resident use is not permitted in any facility.

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Findings included:

Per Surveyor observations during facility revisit beginning at 9:00am, the facility has failed to correct deficient practice. AHCA Surveyor observed a sign stating " PRN " on one drawer of the locked medication cart. Per observation, the drawer contained: - no label; CVS Nasal labeled " <first name> " -Per record review, <first name> is not a current facility resident; Sterile Specimen container-no label/empty; DG Health generic 500mg marked " PRN 500mg " -no label or resident ' s name; Plus Day/Night marked " <first name> " -Per record review, <first name> is same first name as Resident #20, not prescribed per MOR review; Publix generic expired / - no name label; CVS generic Anti- " AM " marked on lid, no name/label; Walgreen's generic Mucus Relief PE, no name/label; Walgreen ' s liquid extra strength pan reliever 500mg, no name/label; Walgreen ' s Milk of Magnesia, no name/label; CVS Milk of Magnesia, marked " first name, " same as Resident #12, CVS Anti-Itch cream, no name/label; and a Claycare Mascara with information printed in Spanish on jar coated with contents and " 80.00 " marked on lid.

Uncorrected Class III

0058 Pharmacy & Dietary: Uncorrected Deficiencies

An unannounced revisit to the complaint surveys was conducted at the facility on . The facility had uncorrected deficiencies at the time of the revisit relating to facility medication practices and dietary services. The facility must employ the services of a pharmacy consultant.

Findings included:

The following Class III deficiencies relating to facility medication practices (5) and dietary services (2) were cited on / and cited as Uncorrected Class III deficiencies during facility follow-up revisit:
Tag 0052 Medication - Assistance with Self-Administration: Based on observation, record review, and interview, the facility failed to ensure that residents are assisted with self-administered medications in accordance with physician orders and in accordance with procedures described in Section 429.256, F.S.
Tag 0054 Medication Records-MOR: Based on record review and interview, the facility failed to ensure proper maintenance of a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications.
Tag 0055 Medication Storage & Disposal: Based on observation and interview, the facility failed to ensure that centrally stored medications are kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times, failed to ensure that medications requiring refrigeration

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are secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked, and failed to ensure that medications are kept separately from the medications of other residents.
Tag 0056 Medication Labeling & Orders: Based on observation, record review and interview, the facility failed to ensure that medications prescribed to be provided as needed include specific directions, including the circumstances under which it would be appropriate for the resident to request the medication and any limitations, for residents with as needed (PRN) medication orders.
Tag 0057 Medication Over-the Counter (OTC) Products: Based on observation and interview, the facility failed to ensure that over the counter medications, , nutritional supplements and nutraceuticals, referred to as OTC products, are labeled with the resident's name for whom the product is prescribed. The facility failed to abide by regulations specifically stating that a stock supply of OTC products for multiple resident use is not permitted in any facility.
Tag 0092 Food Service - General Responsibilities: Based on observation, record review and interview, the facility failed to provide therapeutic diets as ordered by the residents' health care providers.
Tag 0093 Food Service - Dietary Standards: Based on observation and interview, the facility failed to have the menu conspicuously posted and easily available for the residents to read.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on observation, record reviews, and interviews, the facility failed to ensure that all unlicensed staff providing residents assistance with self-administration of medications complete an initial 4-hour training in providing assistance with self-administered medications and safe medication practices in an assisted living facility and a minimum of 2 hours of continuing education training annually.

Findings included:

Per record review and staff interviews during / facility revisit, 1 (Staff D) of 2 staff who provides residents assistance with self-administration of medications has not completed the required minimum of 2 hours of continuing education training annually. Staff D, with employment/hire dates listed as - & & , is an unlicensed staff person who provides residents assistance with self-administration of medications. Staff D ' s employee file contains a training certificate for 4 hours of medication training on and a training certificate for 4 hours of medication training on .
As of / review, there was no evidence of Staff D having completed the required minimum of 2 hours of continuing education training annually on providing assistance with self-administered medications and safe medication practices in an assisted living facility. Staff D was due for the 2-hour update by / . This deficiency cited was not corrected.

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0092 Food Service - General Responsibilities

Based on observation, record review and interview, the facility failed to have the administrator provide therapeutic diets as ordered by the residents' health care provider for 1(#9) of 4 residents who were sampled for therapeutic diets.

Findings included:

Record review on of the facility's menu revealed the facility's only therapeutic diets which were offered to the residents were: no concentrated sweets, no added salt and low fat/low .
Record review on of Resident #9's health assessment dated / revealed she was prescribed from a health care provider a calorie controlled diet. The facility does not offer this diet.
Observation of the noon meal on at 11:20 am, revealed Resident #9 received a regular meal of meatloaf with gravy, mashed potatoes with gravy, carrots, mixed salad and gelatin. She did not receive a calorie controlled diet as ordered.
The administrator stated on at 11:30 am that she didn't do anything to correct this because she was told it was corrected.

Uncorrected from

Class III

0093 Food Service - Dietary Standards

Based on observation and interview, the facility failed to have the menu conspicuously posted and easily available for the residents to read.

Findings included:

The menu was observed on to be on the far side of the refrigerator next to the counter. The

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residents would have to come into the kitchen and look around the refrigerator to see it. It was not readily accessible to the residents.
When interviewed on at 11:00am, Resident #8 stated he didn't know where the menu was located. He just eats what is put on the table.
The administrator stated on at 11:30 am that she didn't do anything to correct this because she was told it was corrected.

Uncorrected from

Class III

0160 Records - Facilitv

Based on record review and interview, the facility failed to ensure maintenance of an up-to-date admission and discharge log including resident discharge dates, reason for discharge, and identification of the facility or home address to which the resident was discharged (or date of if occurred while in the care of the facility), for 8 (#4, #13, #14, #15, #16, #17, #18 & #19 of 8 former facility residents who were sampled for discharges.

Findings included:

The Admission/Discharge log was reviewed on . The Log revealed two residents (#4 & #13) who had been discharged from the facility but did not have discharge dates, reasons for discharge, and identification of the facility or home address to which the residents were discharged. When interviewed on at 10:30 am, the Administrator stated the residents were gone but she had not had the time to fill in the discharge dates.
Further review of the facility ' s Admission/Discharge Log on revealed a pattern of not completing the Admission/Discharge Log as required:
Resident #14 had been admitted to the facility on . Per observation and confirmation by the Administrator on , Resident #14 was discharged from the facility . The Admission/Discharge Log did not indicate Resident #14's date of discharge, reason for discharge, or information regarding facility or home address to which the resident was discharged.
Resident #15 had been admitted to the facility on . Per observation and confirmation by the Administrator on , Resident #15 was discharged from the facility. The Admission/Discharge Log did not indicate Resident #15's date of discharge, reason for discharge, or information regarding facility or home address to which the resident was discharged.
Resident #16 had been admitted to the facility on . Per observation and confirmation by the Administrator on , Resident #16 was discharged from the facility. The Admission/Discharge Log

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965343	R 05/02/2016
NAME OF PROVIDER OR SUPPLIER **CHRISTIAN MANOR OF CLEARWATER, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1845 N. KEENE ROAD** **CLEARWATER, FL 33755**	

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

did not indicate Resident #16's date of discharge, reason for discharge, or information regarding facility or home address to which the resident was discharged.
Resident #17 had been admitted to the facility on . Per observation and confirmation by the Administrator on , Resident #17 was discharged from the facility. The Admission/Discharge Log did not indicate Resident #17's date of discharge, reason for discharge, or information regarding facility or home address to which the resident was discharged.
Resident #18 had been admitted to the facility on . Per observation and confirmation by the Administrator on , Resident #18 was discharged from the facility. The Admission/Discharge Log did not indicate Resident #18's date of discharge, reason for discharge, or information regarding facility or home address to which the resident was discharged.
Resident #19 had been admitted to the facility on . Per observation and confirmation by the Administrator on , Resident #19 was discharged from the facility. The Admission/Discharge Log did not indicate Resident #19's date of discharge, reason for discharge, or information regarding facility or home address to which the resident was discharged.

Uncorrected from

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Christian Manor of Clearwater, Inc
1845 N. Keene Road
Clearwater, FL 33755

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016, by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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. Should you have any questions please call **Paul Brown**, HFES, of this office at (727) 552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

BBT7

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