AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965343	R 06/27/2016
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)

0000 Initial Comments

Assisted Living Facility

Amended

A 2nd unannounced Revisit to 3/17/16 Complaint survey (CCR#2015013388 & 2016002433 & 2016002453 & 2016002513) was conducted at the facility on 6/27/16.

The Christian Manor of Clearwater, Assisted Living Facility (License #9718), had deficiencies and uncorrected deficiencies at the time of this revisit.

The class for Tag A 160 was administratively changed on .

0007 Admissions - Criteria

Based on record review, interview, and observation the facility failed to follow the admission criteria regarding therapeutic diets for 1 (#20) of 1 residents sampled for new admissions since .

Findings included:

A record review on of Resident #20's health assessment dated revealed the health care provider prescribed a textured modified diet with regular liquids.

A review of the facility menu on revealed a diet of texture modified with regular liquids was not a diet the facility offers the residents. The facility's therapeutic diet was limited to no concentrated sweets, no added salt and low fat/low .

Observation of Resident #20 on at 11:15 am during the noon meal revealed she received a regular meal of Salisbury steak, mashed potatoes and carrots.

During the interview with the acting manager on at 10:30 am he verified the only therapeutic diets the facility offered were no concentrated sweets, no added salt and low fat/low . He stated that the resident was receiving a regular diet and not a texture modified diet as prescribed by the health care provider.

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Class III

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to provide a completed health assessment within 30 days of admission for 1 (#20) of 5 residents sampled for completed health assessments.

Findings included:

A record review on of Resident #20's health assessment dated revealed there was no medical diagnoses documented on the first page. The only documentation in the diagnoses area was "admitted to skilled nursing facility on ".The printed name of the health care provider was not documented as well as the health care provider's medical license number and address. The resident was admitted to the facility on .

The acting manager on at 10:45 am verified the health assessment for Resident #20 was not complete.

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 (#20) of 6 residents sampled for care and services.

Findings included:

A record review on Resident #20's health assessment dated revealed the health care provider prescribed a texture modified diet. A diet the facility could offer the resident. As per the manager, the facility's therapeutic diets were no concentrated sweets, no added salt and low fat/low .
An observation of the noon meal on at 11:15 am, revealed Resident #20 received a regular meal of Salisbury steak with gravy, mashed potatoes, carrots and ice cream. She did not receive a texture modified diet as ordered by the health care provider.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0052 Medication - Assistance with Self-Admin

Based on observation and record review, the facility failed to ensure that residents were assisted with self-administered medications in accordance with physician orders for 4 of 6 residents reviewed (#20, 5, 11, and 7) on .

Findings included:

Per record review, Resident #20 was admitted to the facility on and began receiving medications at the facility on at 8:00am. Per Resident Health Assessment (AHCA Form 1823) dated , Resident #20 needs assistance with self-administration of medications.
Per review of Resident #20's Resident Health Assessment dated , Resident #20 was prescribed 325mg with orders to take 2 tablets every 4 hours as needed for pain. Per review of Resident #20 ' s Medication Observation Record (MOR) for the month of , 2016, this medication was handwritten as " tablet 500-30 at 60 " with instructions to " Take 1 tab by mouth every 6 hours PRN. " This medication was initialed as having been provided 3 times a day from through and 2 times a day on & . The prescription and orders did not match, and the medication was not provided in accordance with either directions. The reverse of the page was blank--there was no indication of when the as needed (PRN) medication was provided, reason, or results.
Per review of Resident #20's Medication Observation Record (MOR) for the month of , 2016, 7 medications are listed to be provided. Per Resident Health Assessment, Resident #20 was prescribed 12 medications. There was no indication that Resident #20 received the additional 5 medications as ordered: Promod 30ml three times a day; Thrive meal supplement-1 cup three times a day; Magic Cup with meals--1 cup three times a day; Med Pass 90ml four times a day; and MOM 30cc as needed every 4 hours.
Per review of prescription signed by ARNP dated , Resident #20 was prescribed Regular Strength with orders to take 1 tablet every 12 hours for 10 days. Per review of Resident #20 ' s Medication Observation Record (MOR) for the month of , 2016, the medication was initialed as having been provided at 8am & 8pm for 10 days as prescribed. The prescription order was incorrectly handwritten on the MOR as " Mucus Relief 400mg tab - Take 1 tab PO every 4 hours for pain for 10 days. "
Per review of Resident #20 ' s Medication Observation Record (MOR) for the month of , 2016, Resident #20 was prescribed 70mg with orders to take 1 tablet by mouth once a week. This medication was initialed as having been provided at 8am every day from

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through (day of AHCA visit). Per review of Resident #20 ' s MOR for the month of , 2016, there were no initials indicating provision of this medication at all between and ; order included on MOR same as .
Per review of Resident #20 ' s Medication Observation Record (MOR) for the month of , 2016, Resident #20 was prescribed Sod 100mg with orders to take 1 capsule every 4 hours as needed. No reason or parameters for provision of this medication were provided on the MOR. This medication was initialed as having been provided three times a day from through , twice a day on , and once a day from 6/8 through . The reverse of the page was blank--there was no indication of when the as needed (PRN) medication was provided, reason, or results. Per review of Resident #20 ' s Medication Observation Record (MOR) for the month of , 2016, this medication was listed to be provided as needed, with no reason or parameters for provision of this medication, and was initialed as having been provided three times a day from through and once a day on & . The reverse of the page was blank--there was no indication of when the as needed (PRN) medication was provided, reason, or results.
Per review of Resident #20 ' s Medication Observation Record (MOR) for the month of , 2016, Resident #20 was prescribed 300-30mg with orders to 1 tablet by mouth every 6 hours as needed for pain. This medication was initialed as having been provided 2 times a day from through and once on (day of AHCA visit). The reverse of the page was blank--there was no indication of when the as needed (PRN) medication was provided, reason, or results.

Per review of Resident #5 ' s Medication Observation Record (MOR) for the month of , 2016, Resident #5 was prescribed 2mg with orders to take 1 tablet by mouth every 12 hours as needed. No reason or parameters for provision of this medication were provided on the MOR. This medication was listed to be provided at 8am & 8pm and initialed as having been provided every day at 8am & 8pm from through and at 8am on (day of resident hospitalization). The reverse of the MOR was blank--there was no indication of reason for or results of the as needed (PRN) medication provision.

Per review of Resident #11 ' s Medication Observation Record (MOR) for the month of , 2016, Resident #5 was prescribed 50mg with orders to take 2 tablets by mouth twice a day PRN for . This medication was listed to be provided at 8am & 5pm and initialed as having been provided every day at 8am from 6/1 through . The reverse of the MOR was blank--no information was provided regarding the as needed (PRN) medication provision.

Per review of Resident #7 ' s Medication Observation Record (MOR) for the month of , 2016, Resident #7 was prescribed , 7.5mg tablet - No instructions/orders for provision were written on the MOR; 7am was written as time to be provided, and the medication was initialed as having

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SUMMARY STATEMENT OF DEFICIENCIES
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been provided every day at 7am from 6/1 through (day of AHCA visit). Per review of the medication label, the medication order was to take 1 tablet by mouth at bedtime. Two other medications listed on the MOR to be provided at bedtime were initialed as provided at 8:00pm.
Per interview on at 1:00pm, the Acting Manager acknowledged the continuing deficient practice. The Administrator was not present at the time of this visit; this deficient practice was discussed with the Administrator on and .

CLASS III

0054 Medication - Records

Based on observation and record review, the facility failed to ensure proper maintenance of a daily Medication Observation Record (MOR) for each resident 6 (#5, 7, 8, 11, 16, and 20) of 6 reviewed who receives assistance with the 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 the revisit beginning at 9:00am, the facility failed to correct previously identified deficient practice.
Per Surveyor observation, the facility used a mixture of typed and handwritten MORs that do not include the required information. Six of 6 Medication Observation Records (MORs) reviewed on did not contain required information as follows:
Resident #5 ' s typed 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 #7 ' s typed & handwritten MOR contains resident ' s name, date: 2016, and the name & strength of each medication. The MOR does not include any known the resident may have, the name of the resident's health care provider, the health care provider's telephone number, and directions for use of each medication.
Resident #8 ' s typed & 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 #11 ' s typed 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 #16 ' s typed 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

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health care provider's telephone number.
Resident #20 ' s typed & 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.
Per interview on at 1:00pm, the Acting Manager (Staff #E) acknowledged the continuing deficient practice. The Administrator was not present at the time of this visit; deficient practice was discussed with the Administrator on and / .

Uncorrected Class III Deficiency

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 3 of 3 residents (#5, 11, and 20) with as needed (PRN) medication orders reviewed.

Findings included:
Per Surveyor review of Medication Observation Records (MORs) in use by the facility during the revisit beginning at 9:00am, the facility failed to correct deficient practice.
Per Surveyor review of Medication Observation Records (MORs) in use by the facility on beginning at 9:00am, 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:
Per Resident Health Assessment, Resident #20 was prescribed 325mg with orders to take 2 tablets every 4 hours as needed for pain. Per review of Resident #20 ' s Medication Observation Record (MOR) for the month of , 2016, this medication was handwritten as " , / tablet 500-30 at 60 " with instructions to " Take 1 tab by mouth every 6 hours PRN. " This medication was initialed as having been provided 3 times a day from through / and 2 times a day on & / . The prescription and orders did not match, and the medication was not provided in accordance with either directions. The reverse of the page was blank--there was no indication of when the as needed (PRN) medication was provided, reason, or results.
Per review of Resident #20 ' s Medication Observation Record (MOR) for the month of , 2016, Resident #20 was prescribed Sod 100mg with orders to take 1 capsule every 4 hours as needed. No reason or parameters for provision of this medication were provided on the MOR. This medication was initialed as having been provided three times a day from / through , twice a

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day on / , and once a day from 6/8 through . The reverse of the page was blank--there was no indication of when the as needed (PRN) medication was provided, reason, or results. Per review of Resident #20 ' s Medication Observation Record (MOR) for the month of , 2016, this medication was listed to be provided as needed, with no reason or parameters for provision of this medication, and was initialed as having been provided three times a day from through and once a day on & / . The reverse of the page was blank--there was no indication of when the as needed (PRN) medication was provided, reason, or results.

Per review of Resident #20 ' s Medication Observation Record (MOR) for the month of , 2016, Resident #20 was prescribed / 300-30mg with orders to 1 tablet by mouth every 6 hours as needed for pain. This medication was initialed as having been provided 2 times a day from / through and once on (day of AHCA visit). The reverse of the page was blank--there was no indication of when the as needed (PRN) medication was provided, reason, or results.

Per review of Resident #5 ' s Medication Observation Record (MOR) for the month of , 2016, Resident #5 was prescribed 2mg with orders to take 1 tablet by mouth every 12 hours as needed. No reason or parameters for provision of this medication were provided on the MOR. This medication was listed to be provided at 8am & 8pm and initialed as having been provided every day at 8am & 8pm from / through / and at 8am on (day of resident hospitalization). The reverse of the MOR was blank--there was no indication of reason for or results of the as needed (PRN) medication provision.

Per review of Resident #11 ' s Medication Observation Record (MOR) for the month of , 2016, Resident #5 was prescribed 50mg with orders to take 2 tablets by mouth twice a day PRN for , . This medication was listed to be provided at 8am & 5pm and initialed as having been provided every day at 8am from 6/1 through . The reverse of the MOR was blank--no information was provided regarding the as needed (PRN) medication provision.

Per interview on at 1:00pm, the Acting Manager, Staff E, acknowledged the continuing deficient practice. The Administrator was not present at the time of this visit; this deficient practice was discussed with the Administrator on and / .

Class III

0058 Pharmacy & Dietary: Uncorrected Deficiencies

An unannounced Complaint survey (CCR#2015013388 & 2016002433 & 2016002453 & 2016002513) was conducted at the facility on . The Complaints were all substantiated with deficiencies cited. An unannounced Revisit to 3/17/16 Complaint survey was conducted at the facility on . The facility had uncorrected deficiencies at the time of the revisit relating to facility medication practices. A 2nd unannounced Revisit to 3/17/16 Complaint survey was conducted at the facility on . The facility

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continued to have uncorrected deficiencies at the time of the 2nd revisit relating to facility medication practices.

Findings included:

The following Class III deficiencies relating to facility medication practices (5) were cited on , cited as Uncorrected Class III deficiencies during / facility follow-up revisit, and cited again as Uncorrected Class III deficiencies during the 2nd revisit conducted on :
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 observation, 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 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.

Class III

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 provider for 1(#20) of 4 residents who were sampled for therapeutic diets.

Findings included:

A 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 .
A record review on of Resident #20's health assessment dated revealed she was prescribed from a health care provider a texture modified diet. The facility does not offer this diet.
Observation of the noon meal on at 11:15 am, revealed Resident #20 received a regular meal of Salisbury steak with gravy, mashed potatoes, carrots and ice cream. She did not receive a texture modified diet as ordered.

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The acting manager, Staff E, stated on at 11:00 am Resident #20 was receiving a regular diet not the one prescribed by the health care provider.

Class III

0160 Records - Facility

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 5 (#13, #14, #15, #17 & #18) of 5 former facility residents who were sampled for discharges.

Findings included:

Record review of the facility's Admission/Discharge Log on revealed a pattern of not completing the Admission/Discharge Log as required:
Resident #13 had been admitted to the facility on . Per observation and confirmation by the manager on , Resident #13 was discharged from the facility. The Admission/Discharge log did not indicate Resident #13's date of discharge.
Resident #14 had been admitted to the facility on . Per observation and confirmation by the manager on , Resident #14 was discharged from the facility . The Admission/Discharge Log did not indicate Resident #14's date of discharge.
Resident #15 had been admitted to the facility on . Per observation and confirmation by the manager 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 #17 had been admitted to the facility on . Per observation and confirmation by the manager on , Resident #17 was discharged from the facility. The Admission/Discharge Log did not indicate Resident #17's date of discharge.
Resident #18 had been admitted to the facility on . Per observation and confirmation by the manager 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.
On at 11:10 am, the acting manager verified the Admission/Discharge log was still incomplete. The residents, #13, #14, #15, #17 & #18,did not have their discharge dates filled in.

Class III

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Z814 Background Screening Clearinghouse

Based on observation, record review, and interview, the facility failed to maintain the employment status of all employees within the Background Screening Clearinghouse, including Initial employment status and any changes in status within 10 business days, for 4 of 5 current employees providing direct care services for a current census of 5 in-house residents.

Findings included:
Per and review of the facility's Employee Roster on the AHCA Background Screening site, only one current facility employee (Staff B) and 2 former employees (Staff A & Staff H) are listed on the Roster. Staff B is listed as a Home Health Aide currently employed by the facility and was observed providing Resident Aide services during , / , and facility visits.
Per and review of the facility's Employee Roster on the AHCA Background Screening site, the Administrator is not listed. Per interviews, observations, and record reviews conducted at the facility on , / , and , the Administrator provides resident care in addition to performing administrative duties. Per Background Screening search, the Administrator was deemed eligible for employment on ; No Employment History Records are listed.
Per review of the facility ' s staffing schedule, 4 employees are scheduled to provide direct resident care services (Staff B, D, E, & G). Per and review of the facility's Employee Roster on the AHCA Background Screening site, Staff B is listed as a Home Health Aide currently employed by the facility -- Staff B was deemed eligible for employment on ; date of hire: / . Staff D is listed on the facility ' s staffing schedule as working the overnight shift alone from 10:30pm-7:00am six days per week. Staff & Resident interviews and record reviews conducted at the facility during , , and facility visits confirmed Staff D ' s employment and schedule. Per record review, Staff D was deemed eligible for employment on ; hire dates in file: / - & / & . Per and review of the facility's Employee Roster on the AHCA Background Screening site, Staff D is not listed as an employee of the facility.
Staff E is listed on the facility ' s staffing schedule as working 5 days per week, varying from 7:00am-12:00pm, 7:00am-1:00pm, 7:00am-7:00pm, and 10:30pm-7:00am. Per interview with Staff E on , Staff E stated that he returned to the facility 2 weeks ago (mid- , 2016). Per interview with Staff E on , Staff E stated he returned to facility employment mid- 2016 after being away for a year and a half. Staff E stated that he has a Level II screening and showed Surveyor screening results copy in his employee file. Per review, the AHCA screening results show Staff E was deemed eligible for employment on . Surveyor informed Staff E that he needed a new screening when he returned to the facility after more than a 90-day break in employment and nevertheless is due for 5-year rescreening. Staff E looked at his screening results copy, confirmed being recently due, and stated he will get a new one right away. Per AHCA Background Screening search on , Staff E was screened on -- A New Screening Is Required. Per and review of the facility's

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Employee Roster on the AHCA Background Screening site, Staff E is not listed as an employee of the facility.
Staff G is listed on the facility ' s staffing schedule as working 5 days per week, varying from 7:00am-12:00pm, 7:00am-1:00pm, 7:00am-7:00pm, and 3:30pm–7:00pm. Per interview with Staff G on , he stated he started employment at the facility on . Staff G was observed providing direct Resident Aide services during facility visit. Per record review, Staff G was deemed eligible for employment per AHCA Level II Background Screening on / and was hired to perform Maintenance at an unspecified place of employment. Per record review, Staff G wrote on his employment application that he left the qualifying employment for which he was screened in of 2016 and worked in an occupation not requiring AHCA screening from - , 2016. Per AHCA Background Screening search on & , Staff G was deemed eligible for employment on and was employed as Maintenance at another facility. Per and / review of the facility's Employee Roster on the AHCA Background Screening site, Staff G is not listed as an employee of the facility.
Surveyor discussed above Background Screening needs and need for upkeep of the facility ' s Employee Roster with the Staff E, serving as Facility Manager during absence of the Administrator, on at 1:00pm.

Unclassed

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11965343 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTIAN MANOR OF CLEARWATER, INC	1845 N. KEENE ROAD CLEARWATER, FL 33755

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0055	Correction	ID Prefix A0057	Correction	ID Prefix A0084	Correction
Reg. # 58A-5.0185(6) FAC	Completed	Reg. # 58A-5.0185(8) FAC	Completed	Reg. # 58A-5.0191(5) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0093	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 58A-5.020(2) FAC	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
☑	PFB	7/5/16		
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON 3/17/2016

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Re: **Amended Report**

Dear Administrator:

This letter reports the findings of a second state licensure revisit survey conducted on , 2016, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit. Please be advised that the State Form was administratively amended on .

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

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr
Enclosures: State Form (5000-3547) & Revisit Report

BBT7

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