STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967892	**07/27/2016**
NAME OF PROVIDER OR SUPPLIER **ADKINSON RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **2050 58TH ST N** **CLEARWATER, FL 33760**	

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

0000 Initial Comments

Assisted Living Facility

Two complaint investigations (CCR# 2016005205 and CCR# 2016005587) were conducted at Adkinson Retirement Home on 7/27/16. Adkinson Retirement Home, Assisted Living Facility, had no deficiencies at the time of the visit.

(License number 11902.)

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 9, 2016

Administrator
Adkinson Retirement Home
2050 58th St N
Clearwater, FL 33760

RE: CCR# 2016005205 & CCR# 2016005587

Dear Administrator:

This letter reports the findings of two complaint surveys completed on July 27, 2016, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 **Teresa Ryan**, RNC, at (727) 552-2000.

Sincerely,

Teresa Ryan RNC

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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