

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/03/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967286	(X3) DATE SURVEY COMPLETED 09/22/2016
NAME OF PROVIDER OR SUPPLIER LOVING CARE OF ST PETERSBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 9TH STREET NORTH SAINT PETERSBURG, FL 33701	

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

0000 Initial Comments

Assisted Living Facility

Two unannounced complaint surveys, (CCR# 2016007800 & CCR# 2016010594) were conducted on 9/22/16.

The Loving Care of St. Petersburg, Assisted Living Facility (License # 11357), had no deficiencies at the time of this visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

October 3, 2016

Administrator
Loving Care of St Petersburg
1001 9th Street North
Saint Petersburg, FL 33701

RE: CCR# 2016007800 & CCR# 2016010594

Dear Administrator:

This letter reports the findings of two complaint surveys completed on September 22, 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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

For Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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