

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/18/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968646	(X3) DATE SURVEY COMPLETED 10/04/2016
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

An unannounced Complaint survey (CCR#2016008108) was conducted on 10/4/16.

The Seasons Largo, Assisted Living Facility (License #12518), had no deficiencies at the time of this visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 18, 2016

Administrator
Seasons Largo
4175 East Bay Dr
Clearwater, FL 33764

RE: CCR #2016008108

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 4, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, 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,


Patricia Reid Cauffman
Field Office Manager

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

8JK1

