

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/12/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965967	(X3) DATE SURVEY COMPLETED 12/05/2016
NAME OF PROVIDER OR SUPPLIER PATRICK MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 896 73RD AVE NORTH SAINT PETERSBURG, FL 33702	

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

0000 - Initial Comments

Assisted Living Facility

On December 5, 2016, an unannounced biennial, relicensure survey was conducted at Patrick Manor. Patrick Manor, Assisted Living Facility, had no deficient practice at the time of the survey.

(License # 10248)



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 13, 2016

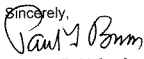
Administrator
Patrick Manor
896-73rd Ave North
Saint Petersburg, FL 33702

Dear Administrator:

This letter reports findings of a biennial state licensure survey that was conducted on December 5, 2016, by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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 Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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