

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/04/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965303	(X3) DATE SURVEY COMPLETED 12/21/2016
NAME OF PROVIDER OR SUPPLIER ALBINA MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 820 15 TH STREET N. SAINT PETERSBURG, FL 33705	

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

0000 - Initial Comments

Assisted Living Facility

Two complaint investigations, (CCR# 2016011324 & CCR# 2016014149) were conducted at Albina Manor, (lic# 9774), assisted living facility on 12/21/16. Albina Manor, Assisted Living Facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

January 4, 2017

Administrator
Albina Manor
820-15 Th Street N.
Saint Petersburg, FL 33705

RE: CCR# 2016014149

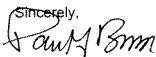
Dear Administrator:

This letter reports the findings of a complaint survey completed on December 21, 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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