STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965343	12/30/2016
NAME OF PROVIDER OR SUPPLIER **CHRISTIAN MANOR OF CLEARWATER, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1845 N. KEENE ROAD CLEARWATER, FL 33755**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Complaint survey (CCR#2016013877) was conducted at the facility on 12/30/16, in conjunction with a 3rd unannounced Revisit to 3/17/16 Complaint survey (CCR#2015013388 & 2016002433 & 2016002453 & 2016002513-Aspen ZQ7014).

The Christian Manor of Clearwater, Assisted Living Facility, had deficiencies specific to the Revisit survey. Complaint CCR#2016013877 was not substantiated and no deficiencies cited specific to the Complaint.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 13, 2017

Administrator
Christian Manor of Clearwater, Inc
1845 N. Keene Road
Clearwater, FL 33755

Re: **CCR# 2016013877** & 3rd Revisit

Dear Administrator:

This letter reports the findings of a complaint survey and a third State Licensure Revisit Survey conducted on December 30, 2016, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate no deficiencies were identified relative to the complaint survey, and the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified relative to the 3rd revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than February 13, 2017.**

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 encouragec 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,

FB Patricia Reid Caufman
Field Office Manager

PRC/kpr
Enclosures: State Forms (5000-3547)

YOSF

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com