

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/09/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967693	(X3) DATE SURVEY COMPLETED 12/03/2013
NAME OF PROVIDER OR SUPPLIER Southern Comfort Inn Acr	STREET ADDRESS, CITY, STATE, ZIP CODE 2409 West Ravine Drive Ruskin, FL 33570	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0004-Licensure - Requirements-12/04/2013
0007-Admissions - Criteria-12/04/2013
0052-Medication - Assistance With Self-Admin-12/04/2013
0152-Physical Plant - Safe Living Environ/other-12/04/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 9, 2013

Administrator
Southern Comfort Inn ACR
2409 West Ravine Drive
Ruskin, FL 33570

Dear Administrator:

This letter reports the findings of a second state licensure survey revisit conducted on December 3, 2013, by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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,

Paul Y. Brown

Patricia Reid Cauffman
Field Office Manager

For

PRC/kpr

Enclosure: State Form (5000-3547)

