

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/24/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967693	(X3) DATE SURVEY COMPLETED 09/12/2013
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)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A monitoring visit with the Office of the Attorney General was conducted at Southern Comfort Inn on 09/12/13.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 9, 2013

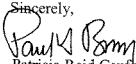
Administrator
Southern Comfort Inn ACR
2409 West Ravine Drive
Ruskin, FL 33570

Dear Administrator:

This letter reports findings of a monitoring visit that was conducted on September 12, 2013, 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

