

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11932587	(X3) DATE SURVEY COMPLETED 03/03/2015
NAME OF PROVIDER OR SUPPLIER Stratford Court Of Palm Harbor	STREET ADDRESS, CITY, STATE, ZIP CODE 45 Katherine Blvd. Palm Harbor, FL 34684	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2014011851, was conducted on 03/03/15.

Stratford Court of Palm Harbor, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

March 6, 2015

Administrator
Stratford Court Of Palm Harbor
45 Katherine Blvd.
Palm Harbor, FL 34684

RE: CCR# 2014011851

Dear Administrator:

This letter reports the findings of a complaint survey completed on March 3, 2015, 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.

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,

Paul M. Brown
Patricia Reid Cauffman
Field Office Manager

For

PRC/kpr

Enclosure: State (5000-3547) Form

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