

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 02/16/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966042	(X3) DATE SURVEY COMPLETED 02/02/2016
NAME OF PROVIDER OR SUPPLIER MAGNOLIA GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 3800 62ND AVENUE NORTH PINELLAS PARK, FL 33781	

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

0000 Initial Comments

Assisted Living Facility

A complaint investigation (CCR# 2015012093) was conducted at Magnolia Gardens on 2/02/16. Magnolia Gardens, Assisted Living Facility, had no deficiencies at the time of visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

February 16, 2016

Administrator
Magnolia Gardens
3800 62nd Avenue North
Pinellas Park, FL 33781

RE: CCR# 2015012093

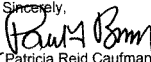
Dear Administrator:

This letter reports the findings of a complaint survey completed on February 2, 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.

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

