AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968310	**09/13/2016**
NAME OF PROVIDER OR SUPPLIER **INSPIRED LIVING AT IVY RIDGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7179 4OTH AVE N** **SAINT PETERSBURG, FL 33709**	

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

0000 Initial Comments

Assisted Living Facility

An unannounced Complaint survey (CCR#2016007083) was conducted on 9/13/16.

The Inspired Living at Ivy Ridge, Assisted Living Facility (License #12224), had no deficiencies at the time of this visit.

RICK SCOTT
GOVERNOR

ELIZABETH DIJDEK
SECRETARY

September 22, 2016

Administrator
Inspired Living At Ivy Ridge
7179 4oth Ave N
Saint Petersburg, FL 33709

RE: CCR #2016007083

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 13, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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