

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942986	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2012
NAME OF PROVIDER OR SUPPLIER NURSE'S HELPING HANDS ALF INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 7191 71ST STREET NORTH PINELLAS PARK, FL 33781		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Assisted Living Facility An abbreviated biennial state licensure survey with extended congregate care (ECC) services was conducted on 9/28/12. The Nurse's Helping Hands assisted living facility had no deficiencies found at the time of the visit.	A 000		

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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7UR211

If continuation sheet 1 of 1

RICK SCOTT
GOVERNOR



Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

October 2, 2012

Administrator
Nurse's Helping Hands ALF Inc.
7191 71st Street North
Pinellas Park, FL 33781

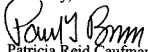
Dear Administrator:

This letter reports findings of an abbreviated biennial state licensure survey with extended congregate care (ECC) that was conducted on September 28, 2012, by a representative of this office. Attached is the provider's copy of the State (3020) 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. Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

FW 
Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

