

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/20/2013
NAME OF PROVIDER OR SUPPLIER INN AT LAKESHORE VILLAS (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 16001 LAKESHORE VILLA DRIVE TAMPA, FL 33613		
(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 Two complaint surveys, CCR# 2013005177 & CCR# 2013004521, were conducted on 5/20/13 in conjunction with a biennial state licensure survey, see (Aspen Event RYI611). The Inn at Lakeshore Villas, 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

6000

94YM11

If continuation sheet 1 of 1



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

May 29, 2013

Administrator
Inn at Lakeshore Villas (The)
16001 Lakeshore Villa Drive
Tampa, FL 33613

Re: CCR# 2013005177 & CCR# 2013004521

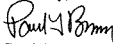
Dear Administrator:

This letter reports the findings of two complaint surveys completed on May 20, 2013, by a representative of this office.

Attached is the provider's copy of the State (3020) Form, indicating no deficiencies were identified during these surveys.

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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

