

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/21/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967045	(X3) DATE SURVEY COMPLETED 08/16/2013
NAME OF PROVIDER OR SUPPLIER Caricias Assisted, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 8016 Dell Drive Tampa, FL 33615	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

Assisted Living Facility

The Caricias Assisted Living Inc. had no deficiencies found at the time of this visit.

An Abbreviated Biennial Licensure Survey was conducted on 8/16/13.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 22, 2013

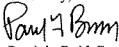
Administrator
Caricias Assisted, Inc.
8016 Dell Drive
Tampa, FL 33615

Dear Administrator:

This letter reports findings of a biennial state licensure survey that was conducted on August 16, 2013, by a representative of this office. Attached is the provider's copy of the State (5000-3547) 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,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

