

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/13/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968529	(X3) DATE SURVEY COMPLETED 09/11/2013
NAME OF PROVIDER OR SUPPLIER Bella Rose Alf Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 804 W Yukon St Tampa, FL 33604	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An initial state licensure survey with limited mental health (LMH) services was conducted on 9/11/13.

The Bella Rose ALF Inc, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 13, 2013

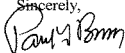
Administrator
Bella Rose ALF Inc.
804 W Yukon St
Tampa, FL 33604

Dear Administrator:

This letter reports findings of an initial state licensure survey with limited mental health (LMH) that was conducted on September 11, 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 Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

