STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966439	10/09/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Little Ranch Of Hope	15750 Little Ranch Road Spring Hill, FL 34610	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An attempt was made to conduct a biennial state licensure survey on 10/09/13 at The Little Ranch of Hope.

Due to no one being present at the facility, the survey had to be aborted.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 25, 2013

Administrator
Little Ranch of Hope
15750 Little Ranch Road
Spring Hill, FL 34610

Dear Administrator:

In accordance with Chapter 429, F.S. and 58A-5, F.A.C., the Agency for Health Care Administration is required to conduct an unannounced, annual, on-site survey as part of the license renewal process. This survey includes visual inspection of all rooms, outside grounds, verification that residents meet the criteria for continued residency, and that services are being provided in accordance with established standards.

In order for us to conduct an unannounced survey, please contact this office within the next 72 hours with a listing of three dates and times you will be available within two weeks from the date of this letter. If you do not respond within 72 hours of receipt of this correspondence, denial of license will be recommended.

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410A
St. Petersburg, FL 33701
727-552-2000 phone
727-552-1161 facsimile

If you have questions please contact **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
For St. Petersburg Field Office Manager

cc: ALF Unit
AHCA Legal