STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968541	**10/15/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Golden Age Alf Of Tampa Bay Inc	**3328 W Spruce St Tampa, FL 33607**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Assisted Living Facility

An initial state licensure survey was conducted on [redacted].

The Golden Age ALF of Tampa Bay, assisted living facility, had a deficiency at the time of the visit.

0160-Records - Facility 58A-5.024(1) FAC

Based on record review and interview, the facility failed to ensure availability of required approval of the facility's emergency management plan by the county emergency management agency.

Findings include:

AHCA Surveyors arrived at the facility for a pre-scheduled appointment with the facility Administrator for an initial licensure survey on [redacted] at 9:00 a.m. The facility is seeking licensure for 8 residents.

There was no facility emergency management plan approved by the county emergency management agency available at the time of facility visit.

Per interview with the facility administrator on [redacted] at approximately 9:20am, he stated he submitted the plan for approval approximately 3 weeks ago and was told it would take about one month for the plan to be reviewed for approval.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Golden Age ALF of Tampa Bay Inc.
3328 W Spruce St
Tampa, FL 33607

Dear Administrator:

This letter reports the findings of an initial state licensure survey that was conducted on , 2013, by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency identified on your 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,

Paul S Brown

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161