

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/23/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966321	(X3) DATE SURVEY COMPLETED 10/21/2013
NAME OF PROVIDER OR SUPPLIER Hillandale	STREET ADDRESS, CITY, STATE, ZIP CODE 6333 Langston Avenue New Port Richey, FL 34652	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced monitoring visit was conducted on 10/21/13 at the Hillandale, assisted living facility.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 23, 2013

Administrator
Hillandale
6333 Langston Avenue
New Port Richey, FL 34652

Dear Administrator:

This letter reports the findings of a monitoring visit completed on October 21, 2013, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form.

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(s). 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 (5000-3547) Form

