

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/29/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966321	(X3) DATE SURVEY COMPLETED 10/25/2013
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)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-10/25/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 29, 2013

Administrator
Hillandale
6333 Langston Avenue
New Port Richey, FL 34652

Dear Administrator:

This letter reports the findings of a third state licensure survey revisit and a state licensure follow-up (desk review) conducted on October 25, 2013, by representative(s) of this office.

Attached are the provider's copies of the State Forms (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit and desk review.

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

Enclosures: State Forms (5000-3547)

