

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/05/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968557	(X3) DATE SURVEY COMPLETED 11/22/2013
NAME OF PROVIDER OR SUPPLIER Faith Home Care Alf Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 114 Euclid Ave Seffner, FL 33584	
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 nursing services (LNS) was conducted on 11/22/13.

The Faith Home Care Assisted Living Facility, Inc. had no deficiencies at the time of the visit.

A recommendation for a Standard license with LNS is being made at this time.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 5, 2013

Administrator
Faith Home Care ALF Inc.
114 Euclid Ave
Seffner, FL 33584

Dear Administrator:

This letter reports findings of an initial state licensure survey with limited nursing services (LNS) that was conducted on November 22, 2013, by representative(s) 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(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for
Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

