

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/02/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968177	(X3) DATE SURVEY COMPLETED 12/30/2013
NAME OF PROVIDER OR SUPPLIER La Bella Vida Alf II	STREET ADDRESS, CITY, STATE, ZIP CODE 5816 N Grady Ave Tampa, FL 33614	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0084-Training - Assis Self-Admin Meds & Med Mgmt-12/30/2013
0093-Food Service - Dietary Standards-12/30/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 2, 2014

Administrator
La Bella Vida ALF II
5816 N Grady Ave
Tampa, FL 33614

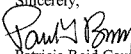
Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on December 30, 2013, by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the desk review. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 Form (5000-3547)

