STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968203	01/28/2014
NAME OF PROVIDER OR SUPPLIER **Saint Joseph Assisted Living Facility, Inc**	STREET ADDRESS, CITY, STATE, ZIP CODE **7615 Barry Rd Tampa, FL 33615**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-01/28/2014
0032-Resident Care - Elopement Standards-01/28/2014
0052-Medication - Assistance With Self-Admin-01/28/2014
0081-Training - Staff In-Service-01/28/2014
0082-Training - Hiv/aids-01/28/2014
0083-Training - First Aid And Cpr-01/28/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-01/28/2014
0090-Training - Do Not Resuscitate Orders-01/28/2014
0161-Records - Staff-01/28/2014
0167-Resident Contracts-01/28/2014

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 29, 2014

Administrator
Saint Joseph Assisted Living Facility, Inc.
7615 Barry Rd
Tampa, FL 33615

Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on January 28, 2014, 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.

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 Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form (5000-3547)

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Tallahassee, FL 32308
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525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
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