

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/11/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966321	(X3) DATE SURVEY COMPLETED 02/03/2014
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

Two unannounced complaint surveys, CCR# 2013012059 & CCR# 2013012088, was conducted on 2/03/14.

The Hillandale, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 11, 2014

Administrator
Hillandale
P.O. Box 1778
New Port Richey, FL 34652

Re: CCR# 2013012059 & CCR# 2013012088

Dear Administrator:

This letter reports the findings of two complaint surveys completed on February 3, 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during these surveys.

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

