

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 02/12/2014  
FORM APPROVED

|                                                                                                        |                                                                                       |                                                     |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11965242</b>             | (X3) DATE SURVEY COMPLETED<br><br><b>02/06/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Hailes Boarding Home-B</b>                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1009 N Willow Ave<br/>Tampa, FL 33607</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                       |                                                     |

**Revisit Corrected Tags:**

0083-Training - First Aid And Cpr-02/06/2014

0084-Training - Assis Self-Admin Meds & Med Mgmt-02/06/2014



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

February 13, 2014

Administrator  
Hailes Boarding Home-B  
1009 N Willow Ave  
Tampa, FL 33607

Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on February 6, 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 Cauffman  
Field Office Manager

PRC/kpr

Enclosure: Paul Brown

