

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/14/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910074	(X3) DATE SURVEY COMPLETED 02/06/2014
NAME OF PROVIDER OR SUPPLIER Ruby's Residential Care, Inc.	STREET ADDRESS, CITY, STATE, ZIP CODE 5906 North 32nd Street Tampa, FL 33610	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013012807, was conducted on 2/6/14, in conjunction with a biennial state licensure survey.

Ruby's Residential Care, Inc., assisted living facility, had no deficiencies relative to the complaint survey. Deficiencies were cited relative to the biennial state licensure survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 14, 2014

Administrator
Ruby's Residential Care, Inc.
5906 North 32nd Street
Tampa, FL 33610

Dear Administrator:

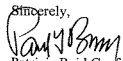
Re: CCR# 2013012807 & Biennial

This letter reports the findings of a complaint survey and a biennial state licensure survey that was conducted on February 6, 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit relative to the biennial state licensure survey. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your 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

