STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966643	**04/07/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Theresa Home	**485 Maple Way** **Safety Harbor, FL 34695**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A change of ownership (CHOW) state licensure survey was conducted in conjunction with an initial state extended congregate care (ECC) state licensure survey.

The Theresa Home, assisted living facility, had no deficiencies found at the time of this visit.

A recommendation for a Standard license with ECC is being made at this time.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 15, 2014

Administrator
Theresa Home
485 Maple Way
Safety Harbor, FL 34695

Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) state licensure survey and an initial extended congregate care (ECC) state licensure survey conducted on April 7, 2014, by representative(s) of this office. Attached are the provider's copies of the State (5000-3547) Forms, which indicates there were no discernible deficiencies noted on the date of the 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 Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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