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|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11966226</b>                       | (X3) DATE SURVEY COMPLETED<br><br><b>07/08/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Springs Water Alf</b>                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1411 East Waters Avenue<br/>Tampa, FL 33604</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                 |                                                     |

**Revisit Corrected Tags:**

0160-Records - Facility-07/08/2014  
0167-Resident Contracts-07/08/2014



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

July 9, 2014

Administrator  
Springs Water ALF  
1411 East Waters Avenue  
Tampa, FL 33604

Dear Administrator:

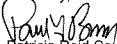
This letter reports the findings of a state licensure follow-up (desk review) conducted on July 8, 2014, by representative(s) of this office.

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: State Form (5000-3547)

