

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968284	(X3) DATE SURVEY COMPLETED 08/06/2014
NAME OF PROVIDER OR SUPPLIER Daniella's Life Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 1910 W Fern St Tampa, FL 33604	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0007-Admissions - Criteria-08/06/2014
 0078-Staffing Standards - Staff-08/06/2014
 0082-Training - Hiv/aids-08/06/2014
 0083-Training - First Aid And Cpr-08/06/2014
 0084-Training - Assis Self-Admin Meds & Med Mgmt-08/06/2014
 0090-Training - Do Not Resuscitate Orders-08/06/2014
 Z815-Background Screening; Prohibited Offenses-08/06/2014



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

August 7, 2014

Administrator
Daniella's Life ALF
1910 W Fern St
Tampa, FL 33604

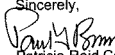
Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on August 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: State Form (5000-3547)

