STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968284	**08/06/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Daniella's Life Alf	**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 Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form (5000-3547)

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