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|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11964826</b>                         | (X3) DATE SURVEY COMPLETED<br><br><b>08/18/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Flo-Ronke, Inc.</b>                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1513 East Ellicott Street<br/>Tampa, FL 33610</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                   |                                                     |

**Specific Tag Findings:**

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2014005164, was conducted on 8/18/14.

The Flo-Ronke, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

August 27, 2014

Administrator  
Flo-Ronke, Inc.  
1513 East Ellicott Street  
Tampa, FL 33610

**RE: CCR# 2014005164**

Dear Administrator:

This letter reports the findings of a complaint survey completed on August 18, 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for

Patricia Reid Cauffman  
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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