

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968705	(X3) DATE SURVEY COMPLETED 09/16/2014
NAME OF PROVIDER OR SUPPLIER Santa Susana Assisted Living Facility Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 11407 Larkwood Way Tampa, FL 33625	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An initial state licensure survey was conducted on 9/16/14.

The Santa Susana Assisted Living Facility Inc. had no deficiencies at the time of the visit.

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 25, 2014

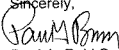
Administrator
Santa Susana Assisted Living Facility Inc
11407 Larkwood Way
Tampa, FL 33625

Dear Administrator:

This letter reports the findings of an initial state licensure survey conducted on September 16, 2014, by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, 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 Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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