STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966226	**09/30/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Springs Water Alf	**1411 East Waters Avenue Tampa, FL 33604**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR#2014007593, was conducted 9/30/14.

Springs Water ALF had no deficiencies at the time of this survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 15, 2014

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

RE: CCR #2014007593

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 30, 2014 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, 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,

Patricia Reid Caufman
FOR Field Office Manager

PRC/clt

Enclosure: State (5000-3547) Form

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