

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964826	(X3) DATE SURVEY COMPLETED 10/03/2014
NAME OF PROVIDER OR SUPPLIER Flo-Ronke, Inc.	STREET ADDRESS, CITY, STATE, ZIP CODE 1513 East Ellicott Street Tampa, FL 33610	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A monitoring visit for compliance with background screening requirements was conducted on 10/03/14.

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 12, 2014

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

Dear Administrator:

This letter reports findings of a monitoring visit that was conducted on October 3, 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/clt

Enclosure: State (5000-3547) Form

