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|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11965917</b>                | (X3) DATE SURVEY COMPLETED<br><br><b>10/29/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Cabot Cove Assisted Living Llc</b>                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>455 Belcher Rd S<br/>Largo, FL 33771</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                          |                                                     |

**Specific Tag Findings:**

0000-Initial Comments

Assisted Living Facility

An unannounced Complaint survey CCR #2014008563 was conducted on 10/28/14 & 10/29/2014.

The Cabot Cove Assisted Living, assisted living facility, had no deficiencies at the time of this visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

November 7, 2014

Administrator  
Cabot Cove Assistec Living LLC  
455 Belcher Rd S  
Largo, FL 33771

**RE: CCR #2014008563**

Dear Administrator:

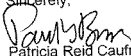
This letter reports the findings of a complaint survey completed on October 29, 2014 by representative(s) of this office.

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,

*for*   
Patricia Reid Cauffman  
Field Office Manager

PRC/clt  
Enclosure: State (5000-3547) Form

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