STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967471	**12/10/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hyde Park Assisted Living Facility	**3011 West De Leon Street Tampa, FL 33609**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced Biennial licensure survey (abbreviated) with Extended Congregate Care and Limited Mental Health services was conducted on 12/10/14, in conjunction with an unannounced Complaint survey CCR #2014011611.

The Hyde Park Assisted Living Facility had no deficiencies at the time of this visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 19, 2014

Administrator
Hyde Park Assisted Living Facility
3011 West De Leon Street
Tampa, FL 33609

RE: CCR #2014011611, and a Biennial with a Extended Congregate Care (ECC) & Limited Mental Health (LMH) monitoring visit.

Dear Administrator:

This letter reports the findings of a complaint survey with a beinnial state licensure survey and a extended congregate care (ECC) and limited mental health (LMH) monitoring visit completed on December 10, 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 Caufman
Field Office Manager

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

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