STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932424	**01/08/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Central Alf	**2349 Central Avenue Saint Petersburg, FL 33713**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

Assisted Living Facility

Three (3) complaint surveys, CCR #2014010362, #2014010684, and #2014010979, were conducted on 1/8/15.

Central ALF, Assisted Living Facility, had no deficiencies identified at the time of the visits.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 16, 2015

Administrator
Central ALF
2349 Central Avenue
Saint Petersburg, FL 33713

RE: CCR #2014010979, 2014010684 & 2014010362

Dear Administrator:

This letter reports the findings of three complaint surveys completed on January 8, 2015 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 these surveys.

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 RN
Field Office Manager

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

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