

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967603	(X3) DATE SURVEY COMPLETED 01/14/2015
NAME OF PROVIDER OR SUPPLIER Amazing Grace Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 1106 E Richmere Street Tampa, FL 33612	
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 a capacity increase was conducted on 1/14/15 in conjunction with a revisit to CCR# 2014009480 of 11/4/14.

The Amazing Grace Assisted Living Facility had the capacity increase delayed because of uncorrected deficiencies cited relative to the revisit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 26, 2015

Administrator
Amazing Grace ALF
1106 E Richmere Street
Tampa, FL 33612

Dear Administrator:

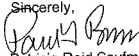
This letter reports the findings of a capacity increase and a state licensure survey revisit that were conducted on January 14, 2015, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate the uncorrected deficiencies that were identified relative to the revisit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **01/26/2015** to verify that the necessary corrections are in place to correct the deficiencies identified on your 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,


Patricia Reid Cauffman
Field Office Manager

for

PRC/kpr

Enclosure: State (5000-3547) Forms

