

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/21/2015

FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968193	(X3) DATE SURVEY COMPLETED 01/20/2015
NAME OF PROVIDER OR SUPPLIER Cath E-Z Living	STREET ADDRESS, CITY, STATE, ZIP CODE 907 Pine Ridge Circle East Brandon, FL 33511	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

N277-Lns - Resident Care Standards-01/20/2015



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 21, 2015

Administrator
Cath E-Z Living
907 Pine Ridge Circle East
Brandon, FL 33511

Dear Administrator:

This letter reports the findings of a state licensure survey follow-up (desk review) conducted on January 20, 2015, by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the desk review.

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 Gaufman
Field Office Manager

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

