

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968773	(X3) DATE SURVEY COMPLETED 01/26/2015
NAME OF PROVIDER OR SUPPLIER Gomes Place Lic	STREET ADDRESS, CITY, STATE, ZIP CODE 17607 Simmons Rd Lutz, FL 33548	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An initial state licensure survey was conducted on 01/26/15.

Gomes Place ALF, assisted living facility, had no deficiencies at the time of the visit.

A recommendation for a Standard license is being made at this time.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 29, 2015

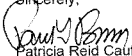
Administrator
Gomes Place LLC
17607 Simmons Rd
Lutz, FL 33548

Dear Administrator:

This letter reports the findings of an initial state licensure survey conducted on January 26, 2015, by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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,

for Patricia Reid Kaufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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