

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968118	(X3) DATE SURVEY COMPLETED 02/04/2015
NAME OF PROVIDER OR SUPPLIER Mis Abuelos ALF #2	STREET ADDRESS, CITY, STATE, ZIP CODE 3406 West Caracas Street Tampa, FL 33614	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-02/04/2015
0092-Food Service - General Responsibilities-02/04/2015



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

February 17, 2015

Administrator
Mis Abuelos ALF #2
3406 West Caracas Street
Tampa, FL 33614

Dear Administrator:

This letter reports the findings of a revisit, to a complaint survey, conducted on February 4, 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 revisit.

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 Cauffman
Field Office Manager

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

