

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967138	(X3) DATE SURVEY COMPLETED 02/19/2015
NAME OF PROVIDER OR SUPPLIER Helping Heart Assisted Living Facility	STREET ADDRESS, CITY, STATE, ZIP CODE 5317 E 20th Avenue Tampa, FL 33619	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Two complaint surveys, CCR# 2014012202 and CCR# 2015000042, were conducted on 02/27/15.

Helping Hearts Assisted Living Facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 27, 2015

Administrator
Helping Heart Assisted Living Facility
5317 E 20th Avenue
Tampa, FL 33619

RE: CCR #2014012202 & 2014000042

Dear Administrator:

This letter reports the findings of a complaint survey completed on February 19, 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 this 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 contact **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

for

Patricia Reid Cauffman
Field Office Manager

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

