

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11932616	(X3) DATE SURVEY COMPLETED 02/23/2015
NAME OF PROVIDER OR SUPPLIER Arbor Village, Inc.	STREET ADDRESS, CITY, STATE, ZIP CODE 13107 N. 22nd Street Tampa, FL 33612	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0125-Fiscal - Surety Bonds-02/23/2015



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 2, 2015

Administrator
Arbor Village, Inc.
13107 N. 22nd Street
Tampa, FL 33612

RE: Revisit CCR #2014010496

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on February 23, 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 Kaufman
Field Office Manager

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

