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|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11967471</b>                        | (X3) DATE SURVEY COMPLETED<br><br><b>03/24/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Hyde Park Assisted Living Facility</b>                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>3011 West De Leon Street<br/>Tampa, FL 33609</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                  |                                                     |

**Specific Tag Findings:**

Assisted Living Facility

An Extended Congregate Care (ECC) Monitoring Visit was conducted on 3/24/2015.

The Hyde Park Assisted Living Facility, had no deficiencies at the time of the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 30, 2015

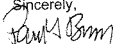
Administrator  
Hyde Park Assisted Living Facility  
3011 West De Leon Street  
Tampa, FL 33609

Dear Administrator:

This letter reports findings of a extended congregate care (ECC) monitoring visit that was conducted on March 24, 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,  
  
Patricia Reid Cauffman  
Field Office Manager

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

