

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11942972	(X3) DATE SURVEY COMPLETED 03/23/2015
NAME OF PROVIDER OR SUPPLIER Adams House Of Tampa	STREET ADDRESS, CITY, STATE, ZIP CODE 3330 South Macdill Avenue Tampa, FL 33629	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

Specific Tag Findings:

Assisted Living Facility

An Abbreviated Biennial survey was conducted on 3/23/15.

The Adams House Assisted Living Facility had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

March 27, 2015

Administrator
Adams House Of Tampa
3330 South Macdill Avenue
Tampa, FL 33629

Dear Administrator:

This letter reports findings of an Abbreviated Biennial state licensure survey that was conducted on March 23, 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
Patricia Reid Kaufman
Field Office Manager

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

