

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/10/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910067	(X3) DATE SURVEY COMPLETED 04/02/2015
NAME OF PROVIDER OR SUPPLIER MIGDALIA'S ACLF	STREET ADDRESS, CITY, STATE, ZIP CODE 2302 NORTH LINCOLN AVENUE TAMPA, FL 33607	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On 4/2/15 a Biennial Licensure Survey was conducted. Migdalia ACLF had no deficiencies at the time of the survey.		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 10, 2015

Administrator
Migdalia's ACLF
2302 North Lincoln Avenue
Tampa, FL 33607

Dear Administrator:

This letter reports findings of a biennial state licensure survey that was conducted on April 2, 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,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
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