

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/28/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968783	(X3) DATE SURVEY COMPLETED 04/16/2015
NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE AT CITRUS PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 16810 SHELDON RD TAMPA, FL 33626	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An initial state licensure survey with extended congregate care (ECC) was conducted on 4/16/15. Arbor Terrace at Citrus Park, assisted living facility, had no deficiencies at the time of the visit. A recommendation for a Standard license is being made at this time.		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 27, 2015

Administrator
Arbor Terrace at Citrus Park
16810 Sheldon Rd
Tampa, FL 33626

Dear Administrator:

This letter reports the findings of an initial state licensure survey conducted on April 16, 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

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