

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/06/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967471	(X3) DATE SURVEY COMPLETED 04/30/2015
NAME OF PROVIDER OR SUPPLIER HYDE PARK ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 3011 WEST DE LEON STREET TAMPA, FL 33609	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

Assisted Living Facility

A complaint investigation, CCR #2015001226, was conducted on 4/30/15.

Hyde Park Assisted Living had no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

May 6, 2015

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

RE: CCR #2015001226

Dear Administrator:

This letter reports the findings of a complaint survey completed on April 30, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for

Patricia Reid Cauffman
Field Office Manager

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

