

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/08/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11932571	(X3) DATE SURVEY COMPLETED 05/05/2015
NAME OF PROVIDER OR SUPPLIER FEEL AT HOME, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 129 WEST 131ST AVENUE TAMPA, FL 33612	

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

0000 - Initial Comments

Assisted Living Facility

A Biennial with Limited Mental Health (LMH) Survey was conducted on 5/5/2015.

The Feel at Home, Inc., Assisted Living Facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

May 8, 2015

Administrator
Feel At Home, Inc.
129 West 131st Avenue
Tampa, FL 33612

Dear Administrator:

This letter reports findings of a Biennial state licensure survey with Limited Mental Health (LMH) that was conducted on May 5, 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/src

Enclosure: State (5000-3547) Form

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