

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/28/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966231	(X3) DATE SURVEY COMPLETED 05/20/2015
NAME OF PROVIDER OR SUPPLIER ACTS ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 6806 NORTH NEBRASKA AVENUE TAMPA, FL 33604	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2015002013, was conducted on 5/20/15.

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



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

May 28, 2015

Administrator
Acts Assisted Living Facility
6806 North Nebraska Avenue
Tampa, FL 33604

RE: CCR# 2015002013

Dear Administrator:

This letter reports the findings of a complaint survey completed on May 20, 2015, by representative(s) of this office.

Attached is the provider's copy of the 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,


Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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