

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/29/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968636	(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER ANGELS SENIOR LIVING AT NEW TAMPA, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 14712 N 42ND ST TAMPA, FL 33613	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced (ECC) Extended Congregate Care monitoring visit was conducted on 5/22/15, in conjunction with an unannounced Revisit to 3/25/15 Change of Ownership survey.

The Angels Senior Living at New Tampa, Assisted Living Facility, had no deficiencies at the time of this visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUKE
SECRETARY

May 29, 2015

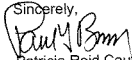
Administrator
Angels Senior Living At New Tampa, LLC
14712 N 42nd St
Tampa, FL 33613

Dear Administrator:

This letter reports findings of a extended congregate care (ECC) monitoring visit that was conducted on May 22, 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/clt
Enclosure: State (5000-3547) Form

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