

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/02/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968193	(X3) DATE SURVEY COMPLETED 05/28/2015
NAME OF PROVIDER OR SUPPLIER CATH E-Z LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 907 PINE RIDGE CIRCLE EAST BRANDON, FL 33511	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

On 05/28/15 a Limited Nursing Services (LNS) monitoring visit was conducted

Cath E-Z Living, an Assisted Living Facility, had no deficiencies at the time of visit



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 2, 2015

Administrator
Cath E-Z Living
907 Pine Ridge Circle East
Brandon, FL 33511

Dear Administrator:

This letter reports findings of a limited nursing services (LNS) monitoring visit that was conducted on May 28, 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/ctt
Enclosure: State (5000-3547) Form

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