

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/15/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966643	(X3) DATE SURVEY COMPLETED 06/11/2015
NAME OF PROVIDER OR SUPPLIER THERESA HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 485 MAPLE WAY SAFETY HARBOR, FL 34695	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments ASSISTED LIVING FACILITY An Extended Congregate Care (ECC) monitoring survey was conducted on 06/11/15. Theresa Home, Assisted Living Facility, had no deficiencies found at the time of the visit.		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 15, 2015

Administrator
Theresa Home
485 Maple Way
Safety Harbor, FL 34695

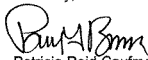
Dear Administrator:

This letter reports findings of an Extended Congregate Care (ECC) Monitoring survey that was conducted on June 11, 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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