

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/02/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964056	(X3) DATE SURVEY COMPLETED 06/29/2015
NAME OF PROVIDER OR SUPPLIER BELVEDERE COMMONS OF TAMPA	STREET ADDRESS, CITY, STATE, ZIP CODE 1513 WEST FLETCHER AVENUE TAMPA, FL 33612	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY.

A Limited Nursing Services (LNS) review was conducted on 6/29/15.

The Belvedere Commons of Tampa had no deficiencies found at the time of this visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

July 2, 2015

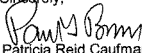
Administrator
Belvedere Commons Of Tampa
1513 West Fletcher Avenue
Tampa, FL 33612

Dear Administrator:

This letter reports findings of a limited nursing services (LNS) monitoring visit that was conducted on June 29, 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,

PR Patricia Reid Cauffman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

