STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932616	**06/24/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ARBOR VILLAGE, INC.	**13107 N. 22ND STREET TAMPA, FL 33612**	

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

0000 - Initial Comments

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The Arbor Village Inc. had no deficiencies found at the time of this visit.

An Abbreviated Biennial Licensure Survey with Limited Mental Health Services was conducted on 6/24/15.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 7, 2015

Administrator
Arbor Village, Inc.
13107 N. 22nd Street
Tampa, FL 33612

Dear Administrator:

This letter reports findings of an Abbreviated Biennial state licensure survey with Limited Mental Health Services (LMH) that was conducted on June 24, 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,

FOJ Patricia Reid Caufman
Field Office Manager

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

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