

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/05/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966113	(X3) DATE SURVEY COMPLETED 07/30/2015
NAME OF PROVIDER OR SUPPLIER A COUNTRY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 10515 MEMORIAL HIGHWAY TAMPA, FL 33615	

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

0000 Initial Comments

ASSISTED LIVING FACILITY.

A Country Place had no deficiencies found at the time of this visit.

An Abbreviated Biennial Licensure Survey was conducted on 7/30/15.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 5, 2015

Administrator
A Country Place
10515 Memorial Highway
Tampa, FL 33615

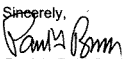
Dear Administrator:

This letter reports findings of a abbreviated biennial state licensure survey that was conducted on July 30, 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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