

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/09/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964056	(X3) DATE SURVEY COMPLETED 09/03/2015
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 An unannounced complaint survey, CCR# 2015009321, was conducted on 9/3/15. The Belvedere Commons of Tampa, assisted living facility, had no deficiencies at the time of the visit.		



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

September 9, 2015

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

RE: CCR #2015009321

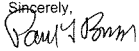
Dear Administrator:

This letter reports the findings of a complaint survey completed on September 3, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

For Patricia Reid Cauffman
Field Office Manager

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

