

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/28/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932639	(X3) DATE SURVEY COMPLETED 09/14/2015
NAME OF PROVIDER OR SUPPLIER GALLO HOUSE I, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 9110 STAR TRAIL NEW PORT RICHEY, FL 34654	

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

0000 Initial Comments

Assisted Living Facility

An unannounced complaint survey CCR# 2015007001 was conducted on 9/14/2015.

Gallo House I, Inc. had no deficiencies found at the time of visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 28, 2015

Administrator
Gallo House I, Inc.
9110 Star Trail
New Port Richey, FL 34654

RE: CCR #2015007001

Dear Administrator:

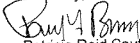
This letter reports the findings of a complaint survey completed on September 14, 2015 by representative(s) of this office.

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,


Patricia Reid Cauffman
Field Office Manager

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

