

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/09/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968908	(X3) DATE SURVEY COMPLETED 09/30/2015
NAME OF PROVIDER OR SUPPLIER ADULT HOME ASSISTING CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2934 W CHESTNUT ST TAMPA, FL 33607	

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

0000 Initial Comments

Assisted Living Facility

An initial state licensure survey was conducted on 9/30/15.

Adult Home Assisting Center Inc, had no deficiencies at the time of visit.

A recommendation for a Standard license is being made at this time.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 9, 2015

Administrator
Adult Home Assisting Center Inc.
2934 W Chestnut St
Tampa, FL 33607

Dear Administrator:

This letter reports the findings of an initial state licensure survey conducted on September 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,

Patricia Reid Kaufman
for Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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