AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968688	10/27/2015
NAME OF PROVIDER OR SUPPLIER **LONGLEAF ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **3935 43RD AVE N** **SAINT PETERSBURG, FL 33714**	

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

0000 Initial Comments

Two complaint investigations (CCR# 2015008290 and CCR# 2015008581) were conducted at Longleaf Assisted Living Facility on 10/27/15. Longleaf Assisted Living Facility had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 6, 2015

Administrator
Longleaf ALF
3935 43rd Ave N
Saint Petersburg, FL 33714

RE: CCR# 2015008290 & CCR# 2015008581

Dear Administrator:

This letter reports the findings of two complaint surveys completed on October 27, 2015, by representative(s) of this office.

Attached is the provider's copy of the 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 Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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