

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/23/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932424	(X3) DATE SURVEY COMPLETED 11/12/2015
NAME OF PROVIDER OR SUPPLIER CENTRAL ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 2349 CENTRAL AVENUE SAINT PETERSBURG, FL 33713	

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

0000 Initial Comments

Assisted Living Facility Complaint

Three complaint investigations (CCR# 2015008922, 2015009215, & 2015009460) were conducted at Central ALF on 11/12/15. Central ALF had no deficiencies at the time of the investigation.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 23, 2015

Administrator
Central ALF
2349 Central Avenue
Saint Petersburg, FL 33713

RE: CCR# 2015008922, 2015009215, & 2015009560

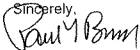
Dear Administrator:

This letter reports the findings of three complaint surveys completed on November 12, 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 Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

