

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/22/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968630	(X3) DATE SURVEY COMPLETED 12/18/2015
NAME OF PROVIDER OR SUPPLIER OSPREY HEALTH CARE CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6775 40TH AVE NORTH SAINT PETERSBURG, FL 33709	

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

0000 Initial Comments

Assisted Living Facility

An Extended Congregate Care (ECC) monitoring survey was conducted at Osprey Health Care Center on 12/18/15. Osprey Health Care Center, Assisted Living Facility, had no deficiencies as a result of this survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 22, 2015

Administrator
Osprey Health Care Center LLC
6775 40th Ave North
Saint Petersburg, FL 33709

Dear Administrator:

This letter reports findings of an extended congregate care (ECC) monitoring visit that was conducted on December 18, 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,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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