

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/28/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966307	(X3) DATE SURVEY COMPLETED 12/16/2015
NAME OF PROVIDER OR SUPPLIER HUDSON MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 115 EAST DAVIS BLVD TAMPA, FL 33606	

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

0000 Initial Comments

Assisted Living Facility Complaint

A complaint investigation CCR#2015011110 was conducted at Hudson Manor on 12/16/2015. Hudson Manor had no deficiencies at the time of the investigation.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 28, 2015

Administrator
Hudson Manor
115 East Davis Blvd
Tampa, FL 33606

RE: CCR #2015010001 & Limited Nursing Services (LNS)

Dear Administrator:

This letter reports the findings of a complaint survey and a limited nursing services (LNS) monitoring survey completed on December 16, 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.

Since,

Patricia Reid Cauffman
Field Office Manager

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

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