AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966585	**12/17/2015**
NAME OF PROVIDER OR SUPPLIER **PALM AVENUE BAPTIST TOWER ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **215 EAST PALM AVENUE** **TAMPA, FL 33602**	

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

0000 Initial Comments

Assisted Living Facility

On December 17, 2015 a Biennial with ECC survey in conjunction with complaint survey (CCR#2015010375) was conducted at Palm Avenue Baptist Tower ALF. No deficiencies were identified during the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 31, 2015

Administrator
Palm Avenue Baptist Tower ALF
215 East Palm Avenue
Tampa, FL 33602

RE: CCR #2015010375 & Biennial with Extended Congregate Care (ECC)

Dear Administrator:

This letter reports the findings of a complaint survey and a biennial with extended congregate care (ECC) completed on December 17, 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.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

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

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