STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968945	12/28/2015
NAME OF PROVIDER OR SUPPLIER **HOWARD HOME CARE ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7001 N HOWARD AVE** **TAMPA, FL 33604**	

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

0000 Initial Comments

Assisted Living Facility Licensure

An initial state licensure survey was conducted at Howard Home Care ALF Inc. on 12/28/15. Howard Home Care ALF, Inc. had no deficiencies at the time of the visit. A recommendation for a Standard license, with a capacity of 5, is being made at this time.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 7, 2016

Administrator
Howard Home Care ALF Inc.
7001 N Howard Ave
Tampa, FL 33604

Dear Administrator:

This letter reports the findings of an initial state licensure survey conducted on December 28, 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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