AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932655	**01/05/2016**
NAME OF PROVIDER OR SUPPLIER **THE INN AT PLAZA WEST HEALTH CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **912 AMERICAN EAGLE BLVD.** **SUN CITY CENTER, FL 33573**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

A complaint investigation (CCR#2015008850) was conducted at The Inn at Plaza West Assisted Living Facility on 1/5/16. The Inn at Plaza West had no deficiencies at the time of the investigation.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 11, 2016

Administrator
The Inn At Plaza West Health Center
912 American Eagle Blvd.
Sun City Center, FL 33573

RE: CCR #2015008850

Dear Administrator:

This letter reports the findings of a complaint survey completed on January 5, 2016 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,

Patricia Reid Caufman
Field Office Manager

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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

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