STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910074	**01/05/2016**
NAME OF PROVIDER OR SUPPLIER **RUBY'S RESIDENTIAL CARE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **5906 NORTH 32ND STREET** **TAMPA, FL 33610**	

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

0000 Initial Comments

Assisted Living Facility Licensure

On January 6, 2016, a biennial re-licensure survey in conjunction with complaint investigation (CCR 2015010891) was conducted at Ruby's Residential Care, Inc. Ruby's Residential Care, Inc., Assisted Living Facility, had no deficiencies at the time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

Administrator
Ruby's Residential Care, Inc.
5906 North 32nd Street
Tampa, FL 33610

RE: Biennial & **CCR# 2015010891**

Dear Administrator:

This letter reports the findings of a biennial state licensure survey and a complaint survey completed on January 5, 2016, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, indicating no deficiencies were identified during these surveys.

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/kpr

Enclosures: State Forms 5000-3547

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