STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967471	**01/26/2016**
NAME OF PROVIDER OR SUPPLIER **HYDE PARK ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **3011 WEST DE LEON STREET** **TAMPA, FL 33609**	

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

0000 Initial Comments

Assisted Living Facility Complaint

A complaint investigation (CCR# 2015012013) was conducted at Hyde Park Assisted Living on 1/26/16 in conjunction with a revisit. The Hyde Park Assisted Living Facility had no deficiencies found at the time of this investigation.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 5, 2016

Administrator
Hyde Park Assisted Living Facility
3011 West De Leon Street
Tampa, FL 33609

RE: Revisit & **CCR# 2015012013**

Dear Administrator:

This letter reports the findings of a state licensure revisit survey and a complaint survey completed on January 26, 2016 by representative(s) of this office.

Attached is the provider's copy of the Revisit Report and State (5000-3547) Form, indicating the previously cited deficiencies were found corrected relative to the revisit and 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/kpr

Enclosures: Revisit Report & State Form 5000-3547

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