AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968231	**03/03/2016**
NAME OF PROVIDER OR SUPPLIER **DEBRA'S ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1314 E LOUISE AVE** **SEMINOLE HEIGHTS, FL 33603**	

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

0000 Initial Comments

Assisted Living Facility

On 3/3/16, a biennial relicensure survey with limited mental health services (LMH) was attempted but not completed. Consequently, the visit was aborted.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 8, 2016

Administrator
Debra's Assisted Living Facility
1314 E Louise Ave
Seminole Heights, FL 33603

Dear Administrator:

On March 3, 2016, a state licensure survey was attempted by representatives of the office.

In accordance with Chapter 408, F.S. and applicable enabling statutes and rules, the Agency for Health Care Administration is required to conduct an unannounced on-site survey as part of the license renewal process.

This survey includes visual inspection of all rooms, outside grounds, verification that residents meet the criteria for continued residency, and that services are being provided in accordance with established standards.

In order for us to conduct an unannounced survey, please contact this office within the next 72 hours with a listing of three dates and times you will be available within two weeks from the date of this letter. If you do not respond within 72 hours of receipt of this correspondence, denial of license will be recommended.

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
(727) 552-2000 phone
(727) 552-1162 facsimile

Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr
Enclosure(s)

cc: Unit
AHCA Legal

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St. Petersburg, FL 33701
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