

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/07/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966458	(X3) DATE SURVEY COMPLETED 03/01/2016
NAME OF PROVIDER OR SUPPLIER CENTRAL TAMPA ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 5010 40 STREET NORTH TAMPA, FL 33610	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 Initial Comments Assisted Living Facility Two complaint investigations (CCR# 2016001708 & CCR# 2016000249) were conducted at Central Tampa Assisted Living Facility on 3/1/16. Central Tampa ALF had no deficiencies at the time of the visit.		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Administrator
Central Tampa Assisted Living
5010 40 Street North
Tampa, FL 33610

RE: CCR# 2016001708 & CCR# 2016000249

Dear Administrator:

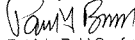
This letter reports the findings of a complaint survey completed on March 1, 2016, by representative(s) of this office.

Attached is the provider's copy of the 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 Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

