AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968495	**04/25/2016**
NAME OF PROVIDER OR SUPPLIER **AMERICAN HOUSE OF ZEPHYRHILLS**	STREET ADDRESS, CITY, STATE, ZIP CODE **38130 PRETTY POND RD** **ZEPHYRHILLS, FL 33540**	

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

0000 Initial Comments

Assisted Living Facility

Two complaint investigations (CCR# 2016001880 & CCR# 2016004422) were conducted at American House of Zephyrhills on 04/25/2016 in conjunction with a change of ownership survey American House of Zephyrhills had no deficiencies relative to the complaint survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 9, 2016

Administrator
American House of Zephyrhills
38130 Pretty Pond Rd
Zephyrhills, FL 33540

RE: CCR# 2016004422 & CCR# 2016001880

Dear Administrator:

This letter reports the findings of two complaint surveys completed on April 25, 2016, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Forms, indicating no deficiencies were identified relative to the complaint 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

Enclosure: State (5000-3547) Forms

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