

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/19/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968630	(X3) DATE SURVEY COMPLETED 04/29/2016
NAME OF PROVIDER OR SUPPLIER OSPREY HEALTH CARE CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6775 40TH AVE NORTH SAINT PETERSBURG, FL 33709	

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

0000 Initial Comments

Assisted Living Facility

A complaint investigation (CCR #2016004635) was conducted at the Osprey Health Care Center on 4/29/16 in conjunction with a Biennial and Extended Congregate Care state licensure survey. Osprey Health Care Center had no deficiencies for the complaint investigation.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 19, 2016

Administrator
Osprey Health Care Center LLC
6775 40th Ave North
Saint Petersburg, FL 33709

RE: CCR #2016004635

Dear Administrator:

This letter reports the findings of a complaint survey completed on April 29, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, 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,

for Patricia Reid Cauffman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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