AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969007	**05/19/2016**
NAME OF PROVIDER OR SUPPLIER **TRUDIE'S HAVEN**	STREET ADDRESS, CITY, STATE, ZIP CODE **1404 HOLLOMAN RD** **PLANT CITY, FL 33567**	

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

0000 Initial Comments

Assisted Living Facility

An initial state licensure survey with Limited Mental Health (LMH) was conducted at Trudie's Haven on 5/19/16. Trudie's Haven, Assisted Living Facility, had no deficiencies identified at the time of the visit. A recommendation for a Standard license with LMH is being made at this time.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 23, 2016

Administrator
Trudie's Haven
1404 Holloman Rd
Plant City, FL 33567

Dear Administrator:

This letter reports the findings of an initial state licensure survey with limited mental health (LMH) conducted on May 19, 2016, by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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