AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966231	**06/09/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACTS ASSISTED LIVING FACILITY	**6806 NORTH NEBRASKA AVENUE TAMPA, FL 33604**

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

0000 Initial Comments

Assisted Living Facility

On June 9, 2016 a biennial with LMH relicensure survey was conducted at ACTS Assisted Living Facility. No deficient practice was identified during the survey. License #10479

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 23, 2016

Administrator
Acts Assisted Living Facility
6806 North Nebraska Avenue
Tampa, FL 33604

Dear Administrator:

This letter reports findings of a biennial state licensure survey with limited mental health (LMH) that was conducted on June 9, 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.

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,

Patricia Reid Caufman
FO Field Office Manager

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

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