AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932424	**07/06/2016**
NAME OF PROVIDER OR SUPPLIER **CENTRAL ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **2349 CENTRAL AVENUE SAINT PETERSBURG, FL 33713**	

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

0000 Initial Comments

Assisted Living Facility

A complaint investigation (CCR #2016007085) was conducted at Central ALF on 7/6/16 in conjunction with a revisit. Central ALF had no deficiencies at the time of the investigation.

(License # 7919)

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 18, 2016

Administrator
Central ALF
2349 Central Avenue
Saint Petersburg, FL 33713

RE: Revisit & **CCR# 2016007085**

Dear Administrator:

This letter reports the findings of a state licensure survey revisit and a complaint survey completed on July 6, 2016, by representative(s) of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were corrected relative to the revisit, and the State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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

Enclosures: Revisit Report & State Form 5000-3547

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