STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966113	**07/05/2016**
NAME OF PROVIDER OR SUPPLIER **A COUNTRY PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **10515 MEMORIAL HIGHWAY** **TAMPA, FL 33615**	

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

0000 Initial Comments

Assisted Living Facility

A complaint survey, (CCR# 2016003837), was conducted on 7/5/16. A Country Place, Assisted Living Facility, had no deficiencies at the time of the visit.

(License # 10368)

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 19, 2016

Administrator
A Country Place
10515 Memorial Highway
Tampa, FL 33615

RE: CCR# 2016003837

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 5, 2016, by representative(s) of this office.

Attached is the provider's copy of 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,

Paul T Brown

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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