AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953588	**08/02/2016**
NAME OF PROVIDER OR SUPPLIER **AGUILA ADULT CARE CENTER II**	STREET ADDRESS, CITY, STATE, ZIP CODE **4011 N. HABANA** **TAMPA, FL 33607**	

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

0000 Initial Comments

Assisted Living Facility

An abbreviated Biennial relicensure survey was conducted at Aguila Adult Care Center Assisted Living Facility on 8/02/2016. Aguila Adult Care Center Assisted Living Facility had no deficiencies found at the time of the survey.

(License # 8768)

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 22, 2016

Administrator
Aguila Adult Care Center II
4011 N. Habana
Tampa, FL 33607

Dear Administrator:

This letter reports findings of an abbreviated Biennial state licensure survey that was conducted on August 2, 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,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com