

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/22/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953588	(X3) DATE SURVEY COMPLETED 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

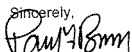
Dear Administrator:

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 Caulman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

1GGN

