AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968373	08/09/2016
NAME OF PROVIDER OR SUPPLIER **CARMEN'S GOODCARE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **908 W YUKON ST** **TAMPA, FL 33604**	

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

0000 Initial Comments

Assisted Living Facility

On August 9, 2016 a Change of Ownership in conjunction with an initial limited mental health (LMH) (ASPEN GUJO11) survey was conducted at Carmen's Goodcare ALF. No deficiencies were identified during the survey. License#12261

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 23, 2016

Administrator
Carmen's Goodcare ALF
908 W Yukon St
Tampa, FL 33604

Dear Administrator:

This letter reports findings of a change of ownership (CHOW) state licensure survey that was conducted on August 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,

FOR Patricia Reid Caufman
Field Office Manager

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

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