

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968373	(X3) DATE SURVEY COMPLETED 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

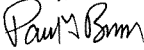
Dear Administrator:

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,


PRC Patricia Reid Cauffman
Field Office Manager

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

1GGN

