AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968323	**08/17/2016**
NAME OF PROVIDER OR SUPPLIER **ESTATE AT HYDE PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **2301 W PALM DR** **TAMPA, FL 33629**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

On August 17, 2016, a biennial re-licensure survey was conducted at Estate at Hyde Park assisted living facility. There was no deficient practice identified during the survey.

License #12223

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 24, 2016

Administrator
Estate At Hyde Park
2301 W Palm Dr
Tampa, FL 33629

Dear Administrator:

This letter reports findings of a biennial state licensure survey that was conducted on August 17, 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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