

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 08/24/2016  
FORM APPROVED

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

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

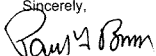
Dear Administrator:

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 Cauffman  
Field Office Manager

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

1GGN

