

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/26/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967883	(X3) DATE SURVEY COMPLETED 08/16/2016
NAME OF PROVIDER OR SUPPLIER ERIKA'S HOUSE ALF LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8301 N GOMEZ AVE TAMPA, FL 33614	

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

0000 Initial Comments

Assisted Living Facility

An unannounced Biennial licensure survey with Limited Mental Health services was conducted on 8/16/16, in conjunction with a revisit to 6/29/16 Complaint CCR# 2016007181 (Aspen IX5O12).

The ERIKA'S HOUSE ALF LLC, Assisted Living Facility (License #11880), had no deficiencies at the time of this visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 26, 2016

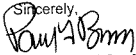
Administrator
Erika's House ALF LLC
8301 N Gomez Ave
Tampa, FL 33614

Dear Administrator:

This letter reports findings of a biennial state licensure survey with limited mental health (LMH) that was conducted on August 16, 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/clt
Enclosure: State (5000-3547) Form

1GGN

