

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/07/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964485	(X3) DATE SURVEY COMPLETED 09/01/2016
NAME OF PROVIDER OR SUPPLIER SYLVAN TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2770 REGENCY OAKS BLVD CLEARWATER, FL 33759	

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

0000 Initial Comments

Assisted Living Facility

On September 1, 2016, an abbreviated biennial state licensure survey was conducted at Sylvan Terrace. No deficiencies were identified during the survey.

(License # 9037)



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 7, 2016

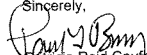
Administrator
Sylvan Terrace
2770 Regency Oaks Blvd
Clearwater, FL 33759

Dear Administrator:

This letter reports findings of a biennial state licensure survey that was conducted on September 1, 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,

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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