

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/12/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966585	(X3) DATE SURVEY COMPLETED 08/30/2016
NAME OF PROVIDER OR SUPPLIER PALM AVENUE BAPTIST TOWER ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 215 EAST PALM AVENUE TAMPA, FL 33602	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

A complaint investigation (CCR#2016006351) was conducted at Palm Avenue Baptist Tower assisted living facility (lic# 10783) on 8/30/16. Palm Avenue Baptist Tower had no deficiencies found during the investigation.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 12, 2016

Administrator
Palm Avenue Baptist Tower ALF
215 East Palm Avenue
Tampa, FL 33602

RE: CCR #2016006351

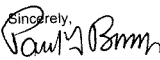
Dear Administrator:

This letter reports the findings of a complaint survey completed on August 30, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

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

8JK1

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