AGENCY FOR HEALTH CARE ADMINISTRATION

PRINTED: 09/20/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968688	**09/12/2016**
NAME OF PROVIDER OR SUPPLIER **LONGLEAF ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **3935 43RD AVE N SAINT PETERSBURG, FL 33714**	

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

0000 Initial Comments

On September 12, 2016 a Biennial relicensure survey with Limited Mental Health (LMH) was conducted at Longleaf ALF. Longleaf ALF had no deficient practice at the time of the survey.

License # 12564

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 20, 2016

Administrator
Longleaf ALF
3935 43rd Ave N
Saint Petersburg, FL 33714

Dear Administrator:

This letter reports findings of a biennial state licensure survey with limited mental health (LMH) that was conducted on September 12, 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,

Paul M Brown

fow Patricia Reid Caufman
Field Office Manager

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

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