

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/10/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967464	(X3) DATE SURVEY COMPLETED 09/29/2016
NAME OF PROVIDER OR SUPPLIER JOSEPHINE'S HOME AWAY FROM HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1407 E HOLLAND AVE TAMPA, FL 33612	

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

0000 Initial Comments

Assisted Living Facility

On September 29, 2016, a biennial relicensure survey with Limited Mental Health (LMH) was conducted at Josephine's Home away from Home. No deficient practice was identified.

(License # 11483)



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 10, 2016

Administrator
Josephine's Home Away From Home
1407 E Holland Ave
Tampa, FL 33612

Dear Administrator:

This letter reports findings of a biennial state licensure survey with limited mental health (LMH) that was conducted on September 29, 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 Form 5000-3547

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