

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/24/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964871	(X3) DATE SURVEY COMPLETED 10/10/2016
NAME OF PROVIDER OR SUPPLIER YETLEY ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 8602 N. 22ND STREET TAMPA, FL 33604	

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

0000 Initial Comments

Assisted Living Facility

On October 10, 2016, an abbreviated biennial with limited mental health (LMH) survey was conducted at Yetley ALF. No deficiencies were found during the survey.

(License # 9398)



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 24, 2016

Administrator
Yetey ALF
8602 N. 22nd Street
Tampa, FL 33604

Dear Administrator:

This letter reports findings of an abbreviated biennial state licensure survey with limited mental health (LMH) that was conducted on October 10, 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 **Teresa Ryan**, RNC, at (727) 552-2000.

Sincerely,

for 
Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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