AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968636	**10/12/2016**
NAME OF PROVIDER OR SUPPLIER **ANGELS SENIOR LIVING AT NEW TAMPA, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14712 N 42ND ST** **TAMPA, FL 33613**	

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

0000 Initial Comments

Assisted Living Facility

On October 12, 2016, a complaint survey, (CCR# 2016008518), in conjunction with a biennial with extended congregate care (ECC) and a capacity increase was conducted at Angels Senior Living at New Tampa, Assisted Living Facility. No deficiencies were found during the visit.

(License # 12507)

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 25, 2016

Administrator
Angels Senior Living at New Tampa, LLC
14712 N 42nd St
Tampa, FL 33613

RE: Biennial with ECC, Capacity Increase, & **CCR# 2016008518**

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with extended congregate care and a complaint survey completed on October 12, 2016, by representative(s) of this office.

Attached is the provider's copy of the 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 Caufman
Field Office Manager

PRC/kpr

Enclosures: State Forms 5000-3547

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