

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/28/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964084	(X3) DATE SURVEY COMPLETED 10/19/2016
NAME OF PROVIDER OR SUPPLIER WHITE HOUSE #2	STREET ADDRESS, CITY, STATE, ZIP CODE 1822 NEBRASKA AVENUE PALM HARBOR, FL 34683	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 Initial Comments Assisted Living Facility On October 19, 2016, an abbreviated biennial re-licensure survey was conducted at White House #2. No deficient practice was identified during the survey. (License number 8797)		



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 31, 2016

Administrator
White House #2
1822 Nebraska Avenue
Palm Harbor, FL 34683

Dear Administrator:

This letter reports findings of an abbreviated biennial state licensure survey that was conducted on October 19, 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 Y. Brown
Patricia Reid Kaufman
Field Office Manager

For

PRC/kpr

Enclosure: State Form 5000-3547

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