

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953224	(X3) DATE SURVEY COMPLETED 10/20/2016
NAME OF PROVIDER OR SUPPLIER ANGELS GARDEN INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 8003 NORTH ROME AVENUE TAMPA, FL 33604	

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

0000 Initial Comments

Assisted Living Facility

On October 20, 2016, a complaint survey, (CCR# 2016009184), was conducted at Angels Garden ACLF Inc. No deficiencies were identified during the visit.

(License# 8437)



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 3, 2016

Administrator
Angels Garden ACLF Inc.
8003 North Rome Avenue
Tampa, FL 33604

RE: CCR# 2016009184

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 20, 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,


Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

BJK1

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone: (727) 552-2000; Fax: (727) 552-1162
AHCA.MyFlorida.com



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