

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/03/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922285	(X3) DATE SURVEY COMPLETED 10/31/2016
NAME OF PROVIDER OR SUPPLIER PRINCETON VILLAGE OF LARGO	STREET ADDRESS, CITY, STATE, ZIP CODE 333 16TH AVENUE SOUTHEAST LARGO, FL 33771	

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

0000 Initial Comments

Assisted Living Facility

An unannounced extended congregate care (ECC) monitoring survey was conducted on 10/31/16 at Princeton Village of Largo

The facility had no deficiencies at the time of this visit.

License #7933



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 8, 2016

Administrator
Princeton Village of Largo
333 16th Avenue Southeast
Largo, FL 33771

Dear Administrator:

This letter reports findings of an extended congregate care (ECC) monitoring visit that was conducted on October 31, 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,

for Teresa Ryan, RN
Patricia Reid Cautman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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