AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966942	**10/28/2016**
NAME OF PROVIDER OR SUPPLIER **WELLSWOOD CARE CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **907 CLANTON AVENUE TAMPA, FL 33603**	

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

0000 Initial Comments

Assisted Living Facility

Two complaint surveys, CCR# 2016010234 & CCR# 2016009638, were conducted at Wellswood Care Center, Assisted Living Facility. No deficiencies were found during the visit.

(License #11059)

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 9, 2016

Administrator
Wellswood Care Center
907 Clanton Avenue
Tampa, FL 33603

RE: CCR# 2016010234 & CCR# 2016009638

Dear Administrator:

This letter reports the findings of two complaint surveys completed on October 28, 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 Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

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