

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966806	(X3) DATE SURVEY COMPLETED 11/02/2016
NAME OF PROVIDER OR SUPPLIER YUDITH'S ASSISTED LIVING FACILITY II	STREET ADDRESS, CITY, STATE, ZIP CODE 4415 WEST JEAN ST TAMPA, FL 33614	

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

0000 Initial Comments

Assisted Living Facility

On November 2, 2016, a complaint survey, CCR# 2016010658, was conducted at Yudith's Assisted Living II. No deficiencies were found during the visit.

(License # 10958)



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 16, 2016

Administrator
Yudith's Assisted Living Facility II
4415 West Jean St
Tampa, FL 33614

RE: CCR# 2016010658

Dear Administrator:

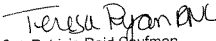
This letter reports the findings of a complaint survey completed on November 2, 2016, by representative(s) of this office.

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 **Teresa Ryan**, RNC, at (727) 552-2000.

Sincerely,


for Patricia Reid Kaufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

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