

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/28/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966240	(X3) DATE SURVEY COMPLETED 11/17/2016
NAME OF PROVIDER OR SUPPLIER ABIGAIL (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 320 SOUTH DELAWARE TAMPA, FL 33606	

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

0000 Initial Comments

Assisted Living Facility

On November 17, 2016, a survey for a capacity increase was conducted at Abigail (The). No deficiencies were identified during the visit. A recommendation for a capacity increase is being made at this time.

(license # 10498)



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 28, 2016

Administrator
Abigail (The)
320 South Delaware
Tampa, FL 33606

Dear Administrator:

This letter reports findings of a capacity increase survey that was conducted on November 17, 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,


Patricia Reid Cauffman
Field Office Manager

For

PRC/kpr

Enclosure: State (5000-3547) Form

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