

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/08/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968284	(X3) DATE SURVEY COMPLETED 07/29/2016
NAME OF PROVIDER OR SUPPLIER DANIELLA'S LIFE ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 1910 W FERN ST TAMPA, FL 33604	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 Initial Comments Assisted Living Facility On July 29, 2016, a change of ownership (CHOW) licensure survey was conducted at Daniella's Life ALF. No deficiencies were identified during the survey. (License # 12212)		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 8, 2016

Administrator
Daniella's Life ALF
1910 W Fern St
Tampa, FL 33604

Dear Administrator:

This letter reports findings of a change of ownership (CHOW) state licensure survey that was conducted on July 29, 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 Kaufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

1GGN

