

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/19/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968773	(X3) DATE SURVEY COMPLETED 12/15/2016
NAME OF PROVIDER OR SUPPLIER GOMES PLACE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 17607 SIMMONS RD LUTZ, FL 33548	

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

0000 - Initial Comments

Assisted Living Facility

On 12/15/16, a biennial relicensure survey was conducted at Gomes Place (Lic. #12621). There was no deficient practice identified during the survey. Common space had been added; these areas were inspected and were also found to be in compliance.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 19, 2016

Administrator
Gomes Place LLC
17607 Simmons Rd
Lutz, FL 33548

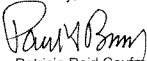
Dear Administrator:

This letter reports findings of a state licensure biennial survey that was conducted on December 15, 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 Patricia Reid Cauffman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

1GGN

