

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/19/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942831	(X3) DATE SURVEY COMPLETED 12/12/2016
NAME OF PROVIDER OR SUPPLIER FAIRWAY CHALET	STREET ADDRESS, CITY, STATE, ZIP CODE 905 VIRGINIA AVENUE TARPON SPRINGS, FL 34689	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

An abbreviated biennial re-licensure survey with limited nursing services (LNS) was conducted on 12/12/16 at Fairway Chalet. Deficient practice was not identified during the survey.

(License: 7276)



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 19, 2016

Administrator
Fairway Chalet
905 Virginia Avenue
Tarpon Springs, FL 34689

Dear Administrator:

This letter reports findings of a abbreviated biennial state licensure survey with limited nursing services (LNS) that was conducted on December 12, 2016 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were 10 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

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