

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/19/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966806	(X3) DATE SURVEY COMPLETED 12/14/2016
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 An unannounced biennial re-licensure survey was conducted on 12/14/16 at Yudith's Assisted Living Facility II. Yudith's Assisted Living Facility II had no deficient practice at the time of the survey. (License # 10958)		



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 19, 2016

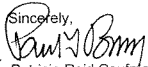
Administrator
Yudith's Assisted Living Facility II
4415 West Jean St
Tampa, FL 33614

Dear Administrator:

This letter reports findings of a biennial state licensure survey that was conducted on December 14, 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/kpr

Enclosure: State (5000-3547) Form

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