

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968822	(X3) DATE SURVEY COMPLETED 12/20/2016
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING AT TAMPA	STREET ADDRESS, CITY, STATE, ZIP CODE 5130 KELLY RD TAMPA, FL 33634	

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

0000 - Initial Comments

Assisted Living Facility

A limited nursing services (LNS) monitoring visit was conducted at Inspired Living at Tampa, Assisted Living Facility, on 12/20/16. The facility had no deficiencies identified at the time of the visit.

(License # 12689)



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 30, 2016

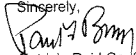
Administrator
Inspired Living at Tampa
5130 Kelly Rd
Tampa, FL 33634

Dear Administrator

This letter reports findings of a limited nursing services (LNS) monitoring visit that was conducted on December 20, 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

PRC/kpr

Enclosure: State Form 5000-3547

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