AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969136	**01/31/2017**
NAME OF PROVIDER OR SUPPLIER **C&V ASSISTED LIVING CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **6005 N CAMERON AVE** **TAMPA, FL 33614**	

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

0000 - Initial Comments

Assisted Living Facility

On 1/31/17 an initial licensure survey was conducted at C&V ALF Corp an assisted living facility.
C & V ALF Corp had no deficiencies at the time of the survey

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 3, 2017

Administrator
C&V Assisted Living Corp
6005 N Cameron Ave
Tampa, FL 33614

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on January 31, 2017 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no deficiencies noted on the date of the survey. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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,

Paul M Brown

FOR Patricia Reid Caufman
Field Office Manager

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

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