

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967473	(X3) DATE SURVEY COMPLETED 01/23/2017
NAME OF PROVIDER OR SUPPLIER MARIA'S ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 3211 W SITKA STREET TAMPA, FL 33614	

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

0000 - Initial Comments

Assisted Living Facility

On January 23, 2017 a change of ownership (CHOW) with LMH survey was conducted at Silver Lake ALF. No deficiencies were found during the survey.
(license #11512)



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 1, 2017

Administrator
Silver Lake ALF (Maria's ALF)
3211 W Sitka Street
Tampa, FL 33614

Dear Administrator:

This letter reports findings of a change of ownership (CHOW) state licensure survey with limited mental health (LMH) that was conducted on January 23, 2017 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,

Paul Brown
Patricia Reid Kaufman
Field Office Manager

PRC/cit
Enclosure

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