

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 02/13/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967471	(X3) DATE SURVEY COMPLETED 02/02/2017
NAME OF PROVIDER OR SUPPLIER HYDE PARK ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 3011 WEST DE LEON STREET TAMPA, FL 33609	

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

0000 - Initial Comments

Assisted Living Facility

On February 2, 2017, a complaint (CCR# 2016014508), investigation was conducted at Hyde Park ALF. No deficiencies were cited.
(License # 11504)



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 13, 2017

Administrator
Hyde Park Assisted Living Facility
3011 West De Leon Street
Tampa, FL 33609

RE: CCR# 2016014508

Dear Administrator:

This letter reports the findings of a complaint survey completed on February 2, 2017, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

For

PRC/kpr

Enclosure: State Form 5000-3547

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