

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/18/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967783	(X3) DATE SURVEY COMPLETED 09/11/2013
NAME OF PROVIDER OR SUPPLIER Sanctuary Of Peace Alf Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 7611 North Boulevard Street Tampa, FL 33604	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0007-Admissions - Criteria-09/11/2013
0008-Admissions - Health Assessment-09/11/2013
0026-Resident Care - Social & Leisure Activities-09/11/2013
0162-Records - Resident-09/11/2013
0167-Resident Contracts-09/11/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 18, 2013

Administrator
Sanctuary of Peace ALF LLC
7611 North Boulevard Street
Tampa, FL 33604

Dear Administrator:

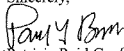
This letter reports the findings of a state licensure survey revisit conducted on September 11, 2013, by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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. 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 Form (5000-3547)

