

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/16/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966321	(X3) DATE SURVEY COMPLETED 10/15/2013
NAME OF PROVIDER OR SUPPLIER Hillandale	STREET ADDRESS, CITY, STATE, ZIP CODE 6333 Langston Avenue New Port Richey, FL 34652	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013010392, was conducted on 10/15/13 in conjunction with a second revisit.

The Hillandale had deficiencies at the time of the investigation. Please see the revisit survey (Aspen Event PR4Q13).



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 16, 2013

Administrator
Hillandale
6333 Langston Avenue
New Port Richey, FL 34652

Dear Administrator:

Re: **CCR# 2013010392** and 2nd Revisit to CCR# 2013004529

This letter reports the findings of a complaint survey and a second state licensure revisit survey that were conducted on October 15, 2013, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your 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

Enclosures: State (5000-3547) Forms

