

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/15/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967464	(X3) DATE SURVEY COMPLETED 10/15/2014
NAME OF PROVIDER OR SUPPLIER Josephine's Home Away From Home	STREET ADDRESS, CITY, STATE, ZIP CODE 1407 E Holland Ave Tampa, FL 33612	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0084-Training - Assis Self-Admin Meds & Med Mgmt-10/15/2014
L243-Lmh - Training-10/15/2014



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

October 15, 2014

Administrator
Josephine's Home Away From Home
1407 E Holland Ave
Tampa, FL 33612

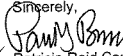
Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on October 15, 2014, by representative(s) 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 desk review.

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,
for 
Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Form (5000-3547)

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