

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 06/08/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967464	(X3) DATE SURVEY COMPLETED 06/01/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

Assisted Living Facility

An unannounced Complaint survey (CCR#2015002173) was conducted on 6/1/15, in conjunction with an unannounced Revisit to 2/19/15 Complaint CCR#2014012104 (Aspen FVK812) and unannounced Revisit to 2/11/15 Complaint CCR#2015001285 (Aspen 983112).

The Josephine's Home Away From Home, Assisted Living Facility, had no deficiencies at the time of this visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 8, 2015

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

RE: CCR #2015002173

Dear Administrator:

This letter reports the findings of a complaint survey completed on June 1, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for

Patricia Reid Cauffman
Field Office Manager

PRC/src
Enclosure: State (5000-3547) Form

