

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/04/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965634	(X3) DATE SURVEY COMPLETED 10/23/2015
NAME OF PROVIDER OR SUPPLIER ELMCROFT OF CARROLLWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2626 WEST BEARSS AVENUE CARROLLWOOD, FL 33618	

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

0000 Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on 10/23/15.

Elmcroft of Carrollwood, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUKE
SECRETARY

November 4, 2015

Administrator
Elmcroft of Carrollwood
2626 West Bearss Avenue
Carrollwood, FL 33618

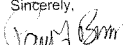
Dear Administrator

This letter reports findings of a biennial state licensure survey that was conducted on October 23, 2015, by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 Caulman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone: (727) 552-2000; Fax: (727) 552-1162
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