STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968427	**08/01/2016**
NAME OF PROVIDER OR SUPPLIER **A LA MY LOVE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6821 DOVER CT** **TAMPA, FL 33634**	

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

0000 Initial Comments

Assisted Living Facility

A complaint investigation (CCR# 2016007723) was conducted at A La My Love on 8/1/16 in conjunction with a revisit to a 6/13/16 investigation. No deficient practice was identified during the surveys.

(Lic. #12340)

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 8, 2016

Administrator
A La My Love ALF
6821 Dover Ct
Tampa, FL 33634

Re: Revisit & **CCR# 2016007723**

Dear Administrator:

This letter reports the findings of a state licensure survey revisit and a complaint survey conducted on August 1, 2016, by representative(s) of this office.

Attached are the provider's copies of the Revisit Report, which indicates the previously cited deficiencies were corrected on the day of the revisit, and the State Form (5000-3547), which indicates no deficiencies were identified relative to the complaint 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,

Teresa Ryan RNC

Patricia Reid Kaufman
Field Office Manager

PRC/kpr

Enclosure: Revisit Report & State Form

DT9D

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