

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/17/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943004	(X3) DATE SURVEY COMPLETED 11/03/2016
NAME OF PROVIDER OR SUPPLIER COX ADULT LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1906 Oscar Cox Trail PLANT CITY, FL 33567	

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

0000 Initial Comments

Assisted Living Facility

On 11/3/16, a complaint survey, (CCR# 2016009837), was conducted at Cox Adult Living Facility. No deficiencies were found during the visit.

(License # 8319)



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 17, 2016

Administrator
Cox Adult Living Facility
1906 Oscar Cox Trail
Plant City, FL 33567

RE: CCR# 2016009837

Dear Administrator:

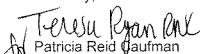
This letter reports the findings of a complaint survey completed on November 3, 2016, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 **Teresa Ryan, RNC**, at (727) 552-2000.

Sincerely,


Patricia Reid Kaufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

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