Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969503	A. BUILDING: _____ B. WING _____	R 03/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DISCOVERY VILLAGE AT WESTCHASE	11330 COUNTRYWAY BOULEVARD TAMPA, FL 33626

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A second revisit was conducted by desk review on 03/01/2023 to the uncorrected revisit survey conducted on 01/10/2023 related to the complaint survey (complaint number 2022016960) completed in conjunction with a generator monitoring survey conducted at Discovery Village at Westchase on 11/17/2022. Previously cited deficiencies were found to be corrected at the time of the review.	{A 000}		