

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11966496	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 2/8/2013
Name of Facility WINDSOR OF LAKEWOOD RANCH (THE)		Street Address, City, State, Zip Code 8220 NATURES WAY BRADENTON, FL 34202

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>A0050</u>	Correction Completed 02/08/2013	ID Prefix <u>A0055</u>	Correction Completed 02/08/2013	ID Prefix _____	Correction Completed
Reg. # <u>58A-5.0185(1) FAC</u>		Reg. # <u>58A-5.0185(6) FAC</u>		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	

Reviewed By	Reviewed By	Date: <u>2/18/13</u>	Signature of Surveyor: _____	Date: _____
State Agency		Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By _____	Reviewed By _____			
CMS RO				
Followup to Survey Completed on: 12/19/2012		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO		

RICK SCOTT
GOVERNOR



ELIZABETH DUDEK
SECRETARY

February 18, 2013

Administrator
Windsor of Lakewood Ranch (The)
8220 Natures Way
Bradenton, FL 34202

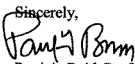
Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on February 8, 2013, by a representative of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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. Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: Revisit Report

