State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11910038	A. Building B. Wing	3/18/2013

Name of Facility	Street Address, City, State, Zip Code
INN AT LAKESHORE VILLAS (THE)	16001 LAKESHORE VILLA DRIVE TAMPA, FL 33613

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 **A0030** Reg. # **58A-5.0182(6) FAC; 429.28** LSC	Correction Completed **03/18/2013**	ID Prefix **A0054** Reg. # **58A-5.0185(5) FAC** LSC	Correction Completed **03/18/2013**	ID Prefix **A0055** Reg. # **58A-5.0185(6) FAC** LSC	Correction Completed **03/18/2013**
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By **State Agency**	✓ **Reviewed By** Emily Form	**Date:** 3/28/13	**Signature of Surveyor:**		**Date:**
Reviewed By **CMS RO**	**Reviewed By**	**Date:**	**Signature of Surveyor:**		**Date:**

Followup to Survey Completed on: 1/28/2013

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

March 28, 2013

Administrator
Inn at Lakeshore Villas (The)
16001 Lakeshore Villa Drive
Tampa, FL 33613

Re: Revisit & **CCR# 2013001586 & CCR# 2013002745**

Dear Administrator:

This letter reports the findings of a state licensure survey revisit and two complaint surveys conducted on March 18, 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, and the State (3020) Form, indicating no deficiencies were found at the time of the visit.

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,

Paul Brown

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: Revisit Report & State Form 3020

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