

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11967464	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 06/01/2015
Name of Facility JOSEPHINE'S HOME AWAY FROM HOME		Street Address, City, State, Zip Code 1407 E HOLLAND AVE TAMPA, FL 33612

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>A0078</u> Reg. # <u>58A-5.019(2) FAC</u> LSC _____	Correction Completed 06/01/2015	ID Prefix <u>A0083</u> Reg. # <u>58A-5.0191(4) FAC</u> LSC _____	Correction Completed 06/01/2015	ID Prefix <u>AL243</u> Reg. # <u>429.075(1) FS; 58A-5.0191(8)</u> LSC _____	Correction Completed 06/01/2015
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
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 <u>Paul J Bm</u> Date: <u>6/5/15</u>	Signature of Surveyor: _____ Date: _____	Signature of Surveyor: _____ Date: _____	Reviewed By _____ CMS RO	Reviewed By _____ Date: _____

Followup to Survey Completed on:

02/11/2015

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

June 8, 2015

Administrator
Josephine's Home Away From Home
1407 E Holland Avenue
Tampa, FL 33612

RE: CCR #2015001285

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on June 1, 2015 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), 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(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

For 
Patricia Reid Cauffman
Field Office Manager

PRC/src

Enclosure: State Form (5000-3547)

