

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11968604	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 06/15/2015
Name of Facility CONSUELOS ALF	Street Address, City, State, Zip Code 4401 W BALLAST POINT BLVD TAMPA, FL 33611	

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
Correction Completed		Correction Completed		Correction Completed	
ID Prefix <u>A0165</u>	<u>06/15/2015</u>	ID Prefix _____		ID Prefix _____	
Reg. # <u>429.23(1-4 & 6-10) FS; 58A-</u>		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix _____		ID Prefix _____		ID Prefix _____	
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix _____		ID Prefix _____		ID Prefix _____	
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix _____		ID Prefix _____		ID Prefix _____	
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix _____		ID Prefix _____		ID Prefix _____	
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	

Reviewed By
State Agency

Reviewed By

Reviewed By

CMS RO

Date:

Date:

Signature of Surveyor:

Signature of Surveyor:

Date:

Followup to Survey Completed on:

03/30/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO

110312



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 23, 2015

Administrator
Consuelos ALF
4401 W Ballast Point Blvd.
Tampa, FL 33611

RE: CCR#2015002995

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on June 15, 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)

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