

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11968427	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/7/2015
Name of Facility A LA MY LOVE ALF		Street Address, City, State, Zip Code 6821 DOVER CT TAMPA, FL 33634

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 A0004 Reg. # 58A-5.016 FAC LSC	Correction Completed 10/07/2015	ID Prefix A0160 Reg. # 58A-5.024(1) FAC LSC	Correction Completed 10/07/2015	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
[Signature]
Reviewed By

Date:
10/8/15
Date:

Signature of Surveyor:

Signature of Surveyor:

Date:

Date:

Followup to Survey Completed on:

8/24/2015

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

October 8, 2015

Administrator
A La My Love ALF
6821 Dover Ct
Tampa, FL 33634

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 7, 2015, by representative(s) 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 Report.

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,

Patricia Reid Cauffman
Field Office Manager

For

PRC/kpr

Enclosure: Revisit Report

