

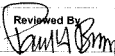
11/5/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11965054	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/30/2015
Name of Facility BROOKDALE NORTHDAL		Street Address, City, State, Zip Code 3401 WEST BEARSS AVENUE TAMPA, FL 33618

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 A0010 Reg. # 429.26(189) FS: 58A-5.018 LSC	Correction Completed 10/30/2015	ID Prefix A0025 Reg. # 429.26(7) FS: 58A-5.0182(1) LSC	Correction Completed 10/30/2015	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency	Reviewed By 	Date: 11/6/15	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:

7/1/2015

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

November 6, 2015

Administrator
Brookdale Northdale
3401 West Bearss Avenue
Tampa, FL 33618

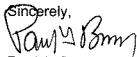
Dear Administrator:

This letter reports the findings of a second state licensure survey revisit conducted on October 30, 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.

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/kpr

Enclosure: Revisit Report

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