

12/30/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number

AL11953686

(Y2) Multiple Construction

A. Building

B. Wing

(Y3) Date of Revisit

12/17/2015

Name of Facility

NEW PORT INN

Street Address, City, State, Zip Code

6120 CONGRESS STREET
NEW PORT RICHEY, FL 34652

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 A0008	Correction Completed 12/17/2015	ID Prefix A0030	Correction Completed 12/17/2015	ID Prefix A0055	Correction Completed 12/17/2015
Reg. # 429.26(4-6) FS: 58A-5.0181		Reg. # 58A-5.0182(6) FAC: 429.28		Reg. # 58A-5.0185(6) FAC	
LSC		LSC		LSC	
ID Prefix A0056	Correction Completed 12/17/2015	ID Prefix A0078	Correction Completed 12/17/2015	ID Prefix	Correction Completed
Reg. # 58A-5.0185(7) FAC		Reg. # 58A-5.019(2) FAC		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By

Reviewed By

Date:

12/30/15

Signature of Surveyor:

Date:

State Agency

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

CMS RO

Followup to Survey Completed on:

10/22/2015

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

December 30, 2015

Administrator
New Port Inn
6120 Congress Street
New Port Richey, FL 34652

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on December 17, 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/kpr

Enclosure: Revisit Report

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone: (727) 552-2000; Fax: (727) 552-1162
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