

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11932639

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
7/11/2012

Name of Facility

GALLO HOUSE I, INC.

Street Address, City, State, Zip Code

9110 STAR TRAIL
NEW PORT RICHEY, FL 34654

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>A0081</u> Reg. # <u>58A-5.0191(2) FAC</u> LSC	Correction Completed 07/11/2012	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	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	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

Reviewed By

State Agency

Reviewed By

CMS RO

Reviewed By

Reviewed By

Date:

Date:

Signature of Surveyor:

Signature of Surveyor:

Date:

Date:

Followup to Survey Completed on:

5/21/2012

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

July 17, 2012

Administrator
Gallo House I, Inc.
9110 Star Trail
New Port Richey, FL 34654

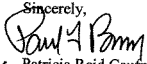
Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on July 11, 2012, by a representative of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiency was found corrected on the day of the desk review.

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. 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

