

9/20/2012

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11910608	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 9/10/2012
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Name of Facility PEMBROOK PLACE II	Street Address, City, State, Zip Code 1623 ROBINHOOD LANE CLEARWATER, FL 33764
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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>A0026</u> Reg. # <u>58A-5.0182(2) FAC</u> LSC _____	Correction Completed 09/10/2012	ID Prefix <u>A0055</u> Reg. # <u>58A-5.0185(6) FAC</u> LSC _____	Correction Completed 09/10/2012	ID Prefix <u>A0057</u> Reg. # <u>58A-5.0185(8) FAC</u> LSC _____	Correction Completed 09/10/2012
ID Prefix <u>A0078</u> Reg. # <u>58A-5.019(2) FAC</u> LSC _____	Correction Completed 09/10/2012	ID Prefix <u>A0090</u> Reg. # <u>58A-5.0191(11) FAC</u> LSC _____	Correction Completed 09/10/2012	ID Prefix <u>AE210</u> Reg. # <u>58A-5.0191(7) FAC</u> LSC _____	Correction Completed 09/10/2012
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

Reviewed By 	Reviewed By _____	Date: <u>9/20/12</u>	Signature of Surveyor: _____	Date: _____
State Agency _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
CMS RO _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on:
6/18/2012

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

YES NO



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

September 20, 2012

Administrator
Pembroke Place II
1623 Robinhood Lane
Clearwater, FL 33764

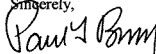
Dear Administrator:

This letter reports the findings of a state licensure survey revisit and an extended congregate care (ECC) monitoring visit conducted on September 10, 2012, by a representative of this office.

Attached are the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit, and the State (3020) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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,

FW Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: Revisit Report & State Form 3020

