

**State Form: Revisit Report**

|                                                                       |                                                      |                                   |
|-----------------------------------------------------------------------|------------------------------------------------------|-----------------------------------|
| (Y1) Provider / Supplier / CLIA / Identification Number<br>AL11964826 | (Y2) Multiple Construction<br>A. Building<br>B. Wing | (Y3) Date of Revisit<br>10/9/2012 |
|-----------------------------------------------------------------------|------------------------------------------------------|-----------------------------------|

Name of Facility

FLO-RONKE, INC.

Street Address, City, State, Zip Code

1513 EAST ELLICOTT STREET  
TAMPA, FL 33610

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><br>Reg. # <u>58A-5.0191(2) FAC</u><br>LSC _____ | Correction Completed<br>10/09/2012 | ID Prefix <u>A0123</u><br>Reg. # <u>58A-5.021(4) FAC</u><br>LSC _____ | Correction Completed<br>10/09/2012 | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction Completed |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                           | Correction Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                          | Correction Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction Completed |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                           | Correction Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                          | Correction Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction Completed |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                           | Correction Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                          | Correction Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction Completed |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                           | Correction Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                          | Correction Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction Completed |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                           | Correction Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                          | Correction Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction Completed |

|                                                                              |                                        |                                                                                                                                    |
|------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Reviewed By _____<br>State Agency _____<br>Reviewed By _____<br>CMS RO _____ | Reviewed By _____<br>Reviewed By _____ | Date: _____<br>Signature of Surveyor: <u>Bronson Jones</u><br>Date: <u>10/17/12</u><br>Signature of Surveyor: _____<br>Date: _____ |
| Followup to Survey Completed on:<br>7/16/2012                                |                                        | 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

October 17, 2012

Administrator  
Flo-Ronke, Inc.  
1513 East Ellicott Street  
Tampa, FL 33610

Dear Administrator:

This letter reports the findings of two state licensure survey revisits conducted on October 9, 2012, by a representative of this office.

Attached are the provider's copies of the Revisit Reports, which indicate the previously cited deficiencies were found corrected on the day of the revisits.

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,

Patricia Reid Cauffman  
Field Office Manager

PRC/kpr

Enclosures: Revisit Reports

