State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11922348	A. Building B. Wing	10/10/2012

Name of Facility	Street Address, City, State, Zip Code
HILLSIDE GARDENS II	3434 ZARA WAY CLEARWATER, FL 33761

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 Reg. # 58A-5.0181(2) FAC LSC	Correction Completed 10/10/2012	ID Prefix A0010 Reg. # 58A-5.0181(4) FAC LSC	Correction Completed 10/10/2012	ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed 10/10/2012
ID Prefix A0055 Reg. # 58A-5.0185(6) FAC LSC	Correction Completed 10/10/2012	ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed 10/10/2012	ID Prefix A0057 Reg. # 58A-5.0185(8) FAC LSC	Correction Completed 10/10/2012
ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 10/10/2012	ID Prefix A0080 Reg. # 58A-5.0191(1) FAC LSC	Correction Completed 10/10/2012	ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed 10/10/2012
ID Prefix A0083 Reg. # 58A-5.0191(4) FAC LSC	Correction Completed 10/10/2012	ID Prefix A0084 Reg. # 58A-5.0191(5) FAC LSC	Correction Completed 10/10/2012	ID Prefix A0085 Reg. # 58A-5.0191(6) FAC LSC	Correction Completed 10/10/2012
ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	Correction Completed 10/10/2012	ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed 10/10/2012	ID Prefix A0161 Reg. # 58A-5.024(2) FAC LSC	Correction Completed 10/10/2012

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
			Barbara Davis	10/17/12
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0164 Reg. # 58A-5.024(4) FAC LSC	Correction Completed 10/10/2012				

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
			Eoran Jones	10/17/12
Reviewed By **CMS RO**	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES	NO
8/30/2012			

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

October 18, 2012

Administrator
Hillside Gardens II
3434 Zara Way
Clearwater, FL 33761

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 10, 2012, by a representative 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. Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: Revisit Report

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