State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11953664	A. Building B. Wing	10/25/2012

Name of Facility	Street Address, City, State, Zip Code
MIDWAY MANOR RETIREMENT RESIDENCE	1754 ENSLEY AVENUE CLEARWATER, FL 33756

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0008 Reg. # 58A-5.0181(2) FAC LSC	10/25/2012	ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	10/25/2012	ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	10/25/2012
ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	10/25/2012	ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	10/25/2012	ID Prefix A0083 Reg. # 58A-5.0191(4) FAC LSC	10/25/2012
ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	10/25/2012	ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
	Paul H Bonn	10/26/12		
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	

Followup to Survey Completed on: 08/20/2012

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

October 26, 2012

Administrator
Midway Manor Retirement Residence
1754 Ensley Avenue
Clearwater, FL 33756

Dear Administrator:

This letter reports the findings of two state licensure follow-ups (desk reviews) conducted on October 25, 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 desk reviews.

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 Caufman
Field Office Manager

PRC/kpr

Enclosure: Revisit Report

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