

11/6/2012

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11965634	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/24/2012
Name of Facility ELMCROFT OF CARROLLWOOD	Street Address, City, State, Zip Code 2626 WEST BEARSS AVENUE CARROLLWOOD, FL 33618	

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>A0025</u> Reg. # <u>58A-5.0182(1) FAC</u> LSC _____	Correction Completed 10/24/2012	ID Prefix <u>A0030</u> Reg. # <u>58A-5.0182(6) FAC; 429.28</u> LSC _____	Correction Completed 10/24/2012	ID Prefix <u>A0076</u> Reg. # <u>58A-5.0186 FAC</u> LSC _____	Correction Completed 10/24/2012
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
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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:

Date:

Date:

Signature of Surveyor:

Signature of Surveyor:

Signature of Surveyor:

Signature of Surveyor:

Date:

Date:

Date:

Date:

Followup to Survey Completed on:

8/9/2012

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

November 6, 2012

Administrator
Elmcroft of Carrollwood
2626 West Bearss Avenue
Carrollwood, FL 33618

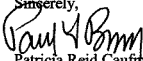
Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 24, 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,

FR Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: Revisit Report

