

11/14/2012

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11910784	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 11/5/2012
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Name of Facility

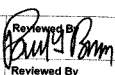
ST MARK VILLAGE

Street Address, City, State, Zip Code

2655 NEBRASKA AVENUE
PALM HARBOR, FL 34684

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 A0092 Reg. # 58A-5.020(1) FAC LSC _____	Correction Completed 11/05/2012	ID Prefix AE210 Reg. # 58A-5.0191(7) FAC LSC _____	Correction Completed 11/05/2012	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
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ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By 	Date: 11/14/12	Signature of Surveyor:	Date:
State Agency		Signature of Surveyor:	Date:
Reviewed By		Signature of Surveyor:	Date:
CMS RO			

Followup to Survey Completed on:

9/10/2012

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

YES NO

RICK SCOTT
GOVERNOR



ELIZABETH DUDEK
SECRETARY

November 14, 2012

Administrator
St Mark Village
2655 Nebraska Avenue
Palm Harbor, FL 34684

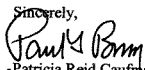
Dear Administrator:

This letter reports the findings of a state licensure survey revisit and a complaint survey conducted on November 5, 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, and the State (3020) Form, indicating no deficiencies were found at the time of the complaint 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,

For Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State Form 3020 & Revisit Report

