

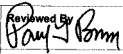
State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11967138	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 11/29/2012
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Name of Facility HELPING HEART ASSISTED LIVING FACILITY	Street Address, City, State, Zip Code 5317 E 20TH AVENUE TAMPA, FL 33619
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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>AE210</u> Reg. # <u>58A-5.0191(7) FAC</u> LSC _____	Correction Completed 11/29/2012	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
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Reviewed By State Agency	Reviewed By 	Date: 12/5/12	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:
Followup to Survey Completed on: 10/12/2012		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

December 5, 2012

Administrator
Helping Heart Assisted Living Facility
5317 E 20th Avenue
Tampa, FL 33619

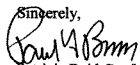
Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on November 29, 2012, by a representative of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiency was 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,

For Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: Revisit Report

