

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11966353	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 12/3/2012
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Name of Facility VILLAS AT SUNSET BAY	Street Address, City, State, Zip Code 7423 KAUAI LOOP NEW PORT RICHEY, FL 34653
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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>A0007</u> Correction Completed 12/03/2012 Reg. # <u>58A-5.0181(1) FAC</u> LSC _____		ID Prefix <u>A0008</u> Correction Completed 12/03/2012 Reg. # <u>58A-5.0181(2) FAC</u> LSC _____		ID Prefix <u>A0053</u> Correction Completed 12/03/2012 Reg. # <u>58A-5.0185(4) FAC</u> LSC _____	
ID Prefix <u>A0081</u> Correction Completed 12/03/2012 Reg. # <u>58A-5.0191(2) FAC</u> LSC _____		ID Prefix <u>A0089</u> Correction Completed 12/03/2012 Reg. # <u>429.178 FS</u> LSC _____		ID Prefix _____ Correction Completed Reg. # _____ LSC _____	
ID Prefix _____ Correction Completed Reg. # _____ LSC _____		ID Prefix _____ Correction Completed Reg. # _____ LSC _____		ID Prefix _____ Correction Completed Reg. # _____ LSC _____	
ID Prefix _____ Correction Completed Reg. # _____ LSC _____		ID Prefix _____ Correction Completed Reg. # _____ LSC _____		ID Prefix _____ Correction Completed Reg. # _____ LSC _____	
ID Prefix _____ Correction Completed Reg. # _____ LSC _____		ID Prefix _____ Correction Completed Reg. # _____ LSC _____		ID Prefix _____ Correction Completed Reg. # _____ LSC _____	

Reviewed By <u>✓</u>	Reviewed By <u>[Signature]</u>	Date: <u>12/10/12</u>	Signature of Surveyor: _____	Date: _____
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 10/25/2012	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

December 11, 2012

Administrator
Villas at Sunset Bay
7423 Kauai Loop
New Port Richey, FL 34653

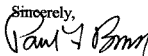
Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on December 3, 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,


for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: Revisit Report

