

12/11/2012

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11964567	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 12/3/2012
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Name of Facility EMERITUS AT CARROLLWOOD	Street Address, City, State, Zip Code 13550 SOUTH VILLAGE DRIVE TAMPA, FL 33624
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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 A0010 Reg. # 58A-5.0181(4) FAC LSC	Correction Completed 12/03/2012	ID Prefix A0025 Reg. # 58A-5.0182(1) FAC LSC	Correction Completed 12/03/2012	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
State Agency

Reviewed By


Date:
12/11/12

Signature of Surveyor:

Date:

Reviewed By
CMS RO

Reviewed By

Date:

Signature of Surveyor:

Date:

Followup to Survey Completed on:

10/10/2012

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

December 11, 2012

Administrator
Emeritus at Carrollwood
13550 South Village Drive
Tampa, FL 33624

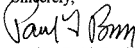
Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) 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 desk review.

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

