State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11965659	A. Building B. Wing	12/20/2012

Name of Facility	Street Address, City, State, Zip Code
EMERALD GARDENS INC.	2159 MCMULLEN BOOTH ROAD CLEARWATER, FL 33759

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 A0009 Reg. # 58A-5.0181(3) FAC LSC	Correction Completed 12/20/2012	ID Prefix A0010 Reg. # 58A-5.0181(4) FAC LSC	Correction Completed 12/20/2012	ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28 LSC	Correction Completed 12/20/2012
ID Prefix A0053 Reg. # 58A-5.0185(4) FAC LSC	Correction Completed 12/20/2012	ID Prefix A0055 Reg. # 58A-5.0185(6) FAC LSC	Correction Completed 12/20/2012	ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed 12/20/2012
ID Prefix A0057 Reg. # 58A-5.0185(8) FAC LSC	Correction Completed 12/20/2012	ID Prefix A0075 Reg. # 429.255 FS LSC	Correction Completed 12/20/2012	ID Prefix A0076 Reg. # 58A-5.0186 FAC LSC	Correction Completed 12/20/2012
ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 12/20/2012	ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed 12/20/2012	ID Prefix A0083 Reg. # 58A-5.0191(4) FAC LSC	Correction Completed 12/20/2012
ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	Correction Completed 12/20/2012	ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed 12/20/2012	ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed 12/20/2012

Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
State Agency	BRN	12/6/12	Brenda Stevens	12/31/12
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
CMS RO				

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix AE210 Reg. # 58A-5.0191(7) FAC LSC	Correction Completed 12/20/2012	ID Prefix AL243 Reg. # 58A-5.0191(8) FAC LSC	Correction Completed 12/20/2012		

Reviewed By State Agency	Reviewed By BRN	Date: 12/31/12	Signature of Surveyor: Brandon Sievers	Date: 12/31/12
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES	NO
10/15/2012				

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

December 31, 2012

Administrator
Emerald Gardens Inc.
2159 McMullen Booth Road
Clearwater, FL 33759

Dear Administrator:

This letter reports the findings of a two state licensure survey revisits and an extended congregate care (ECC) monitoring visit conducted on December 20, 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, which indicates no deficiencies were found at the time of the visit.

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,

Brenda Sievers, for
Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: Revisit Reports and State Form 3020

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