

1/17/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11964862	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 1/9/2013
Name of Facility FOUNTAIN OF YOUTH	Street Address, City, State, Zip Code 9001 BANA VILLA COURT TAMPA, FL 33635	

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>A0078</u> Reg. # <u>58A-5.019(2) FAC</u> LSC _____	Correction Completed 01/09/2013	ID Prefix <u>A0081</u> Reg. # <u>58A-5.019(2) FAC</u> LSC _____	Correction Completed 01/09/2013	ID Prefix <u>A0090</u> Reg. # <u>58A-5.019(11) FAC</u> LSC _____	Correction Completed 01/09/2013
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	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	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By <u>✓</u>	Reviewed By <u>Paul M. Bm</u>	Date: <u>1/17/13</u>	Signature of Surveyor:	Date:
State Agency				
Reviewed By _____	Reviewed By _____	Date: _____	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
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RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

January 17, 2013

Administrator
Fountain of Youth
9001 Bana Villa Court
Tampa, FL 33635

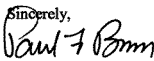
Dear Administrator:

This letter reports the findings of a two state licensure survey revisits (2nd revisits) conducted on January 9, 2013, by a representative of this office.

Attached are the provider's copies of the Revisit Reports, which indicate the previously cited deficiencies were found corrected on the day of the revisits.

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: Revisit Reports

