

2/21/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11964461	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 2/19/2013
---	--	-----------------------------------

Name of Facility BLAKE GLENN	Street Address, City, State, Zip Code 3933 ERNE STREET PALM HARBOR, FL 34683
---------------------------------	--

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 A0008 Reg. # 58A-5.0181(2) FAC LSC	Correction Completed 02/19/2013	ID Prefix A0025 Reg. # 58A-5.0182(1) FAC LSC	Correction Completed 02/19/2013	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	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency Reviewed By CMS RO	 Reviewed By	Date: 2/21/13 Date:	Signature of Surveyor: Signature of Surveyor:	Date: Date:
--	--	---------------------------	--	----------------

Followup to Survey Completed on:

1/2/2013

 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

February 21, 2013

Administrator
Blake Glenn
3933 Erne Street
Palm Harbor, FL 34683

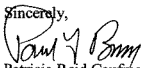
Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on February 19, 2013, 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

