

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11953664	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 3/4/2013
Name of Facility MIDWAY MANOR RETIREMENT RESIDENCE	Street Address, City, State, Zip Code 1754 ENSLEY AVENUE CLEARWATER, FL 33756	

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>A0161</u> Reg. # <u>58A-5.024(2) FAC</u> LSC _____	Correction Completed <u>03/04/2013</u>	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
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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 _____ CMS RO _____	Reviewed By <u>B. Smith</u> Reviewed By _____	Date: <u>3/11/13</u> Date: _____	Signature of Surveyor: <u>B. Smith</u> Signature of Surveyor: _____	Date: <u>3/11/13</u> Date: _____
Followup to Survey Completed on: <u>1/22/2013</u>		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO		

RICK SCOTT
GOVERNOR



ELIZABETH DUDEK
SECRETARY

March 11, 2013

Administrator
Midway Manor Retirement Residence
1754 Ensley Avenue
Clearwater, FL 33756

Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on March 4, 2013, by a representative of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiency was 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,

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: Revisit Report

