

4/1/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11942886	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 3/22/2013
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Name of Facility COUNTRYSIDE HAVEN	Street Address, City, State, Zip Code 6960 CR 95 PALM HARBOR, FL 34684
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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 <u>A0078</u> Reg. # <u>58A-5.019(2) FAC</u> LSC _____	Correction Completed 03/22/2013	ID Prefix <u>A0081</u> Reg. # <u>58A-5.019(2) FAC</u> LSC _____	Correction Completed 03/22/2013	ID Prefix <u>A0084</u> Reg. # <u>58A-5.019(5) FAC</u> LSC _____	Correction Completed 03/22/2013
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 ☒	Reviewed By <u>Paul M. Borm</u>	Date: <u>4/1/13</u>	Signature of Surveyor: _____	Date: _____
State Agency	Reviewed By	Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By	CMS RO			

Followup to Survey Completed on:

2/12/2013

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

April 1, 2013

Administrator
Countryside Haven
6960 Cr 95
Palm Harbor, FL 34684

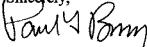
Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on March 22, 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

