

5/13/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11964871	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 5/8/2013
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Name of Facility YETLEY ALF	Street Address, City, State, Zip Code 8602 N. 22ND STREET TAMPA, FL 33604
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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 05/08/2013	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
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ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By <u>[Signature]</u> State Agency <u>[Signature]</u> Reviewed By _____ CMS RO _____	Reviewed By _____ Reviewed By _____	Date: <u>5/13/13</u> Date: _____	Signature of Surveyor: _____ Signature of Surveyor: _____	Date: _____ Date: _____
Followup to Survey Completed on: 3/13/2013		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

May 13, 2013

Administrator
Yetey ALF
8602 N. 22nd Street
Tampa, FL 33604

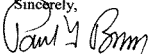
Dear Administrator:

This letter reports the findings of a state licensure survey revisit and a complaint survey conducted on May 8, 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 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,

Patricia Reid Cauffman
Field Office Manager
FW

PRC/kpr

Enclosures: Revisit Report & State Form 3020

