

6/24/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11966437	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 6/13/2013
Name of Facility WESLEY HOUSE II		Street Address, City, State, Zip Code 1146 TIMBER TRACE DRIVE WESLEY CHAPEL, FL 33543

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>A0008</u> Reg. # <u>58A-5.0181(2) FAC</u> LSC _____	Correction Completed 06/13/2013	ID Prefix <u>A0032</u> Reg. # <u>58A-5.0182(8) FAC</u> LSC _____	Correction Completed 06/13/2013	ID Prefix <u>A0052</u> Reg. # <u>58A-5.0185(3) FAC</u> LSC _____	Correction Completed 06/13/2013
ID Prefix <u>A0076</u> Reg. # <u>58A-5.0186 FAC</u> LSC _____	Correction Completed 06/13/2013	ID Prefix <u>A0079</u> Reg. # <u>58A-5.019(4) FAC</u> LSC _____	Correction Completed 06/13/2013	ID Prefix <u>A0084</u> Reg. # <u>58A-5.0191(5) FAC</u> LSC _____	Correction Completed 06/13/2013
ID Prefix <u>A0090</u> Reg. # <u>58A-5.0191(11) FAC</u> LSC _____	Correction Completed 06/13/2013	ID Prefix <u>A0091</u> Reg. # <u>58A-5.0191(12) FAC</u> LSC _____	Correction Completed 06/13/2013	ID Prefix <u>A0093</u> Reg. # <u>58A-5.020(2) FAC</u> LSC _____	Correction Completed 06/13/2013
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

Reviewed By _____	Reviewed By _____	Date: <u>6/13</u>	Signature of Surveyor: <u>[Signature]</u>	Date: <u>6/24/13</u>
State Agency <u>X</u>	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By _____				
CMS RO				

Followup to Survey Completed on:

4/11/2013

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

June 24, 2013

Administrator
Wesley House II
1146 Timber Trace Drive
Wesley Chapel, FL 33543

Dear Administrator:

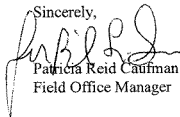
This letter reports the findings of a state licensure survey revisit conducted on June 13, 2013, by a representative of this office.

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,



Patricia Reid-Caufman
Field Office Manager

PRC/kpr

Enclosures: Revisit Reports

