

6/26/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11965158	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 6/17/2013
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Name of Facility

DELANEY CREEK LODGE

Street Address, City, State, Zip Code

320 S LAKEWOOD DRIVE
BRANDON, FL 33511

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>	Correction Completed <u>06/17/2013</u>	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # <u>58A-5.019(2) FAC</u>		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	

Reviewed By State Agency <u>X</u>	Reviewed By <u>[Signature]</u>	Date: <u>6/26/13</u>	Signature of Surveyor: <u>[Signature]</u>	Date: <u>6/26/13</u>
Reviewed By CMS RC	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:

4/5/2013

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 27, 2013

Administrator
Delaney Creek Lodge
320 S Lakewood Drive
Brandon, FL 33511

Re: Revisit & CCR# 2013003768

Dear Administrator:

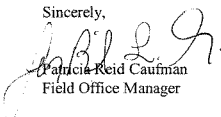
This letter reports the findings of a state licensure survey revisit and a complaint survey conducted on June 17, 2013, by a representative of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiency was found corrected on the day of the revisit, and the State (3020) Form, which indicates no deficiencies were identified relative to the complaint survey.

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 & State Form 3020

