

4/2/2015

State Form: Revisit Report

1) Provider / Supplier / CLIA /
Identification Number
AL11966841

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
4/2/2015

Name of Facility

LINET TENDER LOVING CARE ALF INC

Street Address, City, State, Zip Code

4239 53RD AVE NORTH
SAINT PETERSBURG, FL 33714

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 A0030 Reg. # 58A-5.0182(6) FAC; 429.28 LSC	Correction Completed 04/02/2015	ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed 04/02/2015	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: *[Signature]* Date: 4/2/15
Signature of Surveyor: _____ Date: _____
Reviewed By: _____ Date: _____
Signature of Surveyor: _____ Date: _____

Followup to Survey Completed on:

2/25/2015

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 2, 2015

Administrator
Linnet Tender Loving Care Alf Inc
4239 53rd Ave North
Saint Petersburg, FL 33714

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on April 2, 2015 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for
Patricia Reid Caulman
Field Office Manager

PRC/clt

Enclosure: State Form (5000-3547)

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