

4/14/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11966804

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
4/14/2015

Name of Facility

STONE LEDGE MANOR

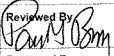
Street Address, City, State, Zip Code

12006 MCINTOSH ROAD
THONOTOSASSA, FL 33592

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>A0081</u>	Correction Completed 04/14/2015	ID Prefix <u>A0084</u>	Correction Completed 04/14/2015	ID Prefix _____	Correction Completed
Reg. # <u>58A-5.0191(2) FAC</u>		Reg. # <u>58A-5.0191(5) FAC</u>		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 _____

Reviewed By Date: 4/14/15

Signature of Surveyor: _____

Date: _____

State Agency _____

Reviewed By _____

Date: _____

Signature of Surveyor: _____

Date: _____

Reviewed By
CMS RO

Followup to Survey Completed on:

1/26/2015

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 15, 2015

Administrator
Stone Ledge Manor
12006 McIntosh Road
Thonotosassa, FL 33592

RE: CCR #2014011978

Dear Administrator:

This letter reports the findings of a complaint survey follow-up (desk review) conducted on April 14, 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 Cauffman
Field Office Manager

PRC/src

Enclosure: State Form (5000-3547)

