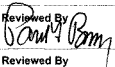


**State Form: Revisit Report**

|                                                                       |                                                      |                                                                                         |
|-----------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------|
| (Y1) Provider / Supplier / CLIA / Identification Number<br>AL11965596 | (Y2) Multiple Construction<br>A. Building<br>B. Wing | (Y3) Date of Revisit<br>4/17/2015                                                       |
| Name of Facility<br>HEART OF FLORIDA ASSISTED LIVING                  |                                                      | Street Address, City, State, Zip Code<br>301 SOUTH 10TH STREET<br>HAINES CITY, FL 33844 |

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 <b>A0010</b><br>Reg. # <b>58A-5.0181(4) FAC</b><br>LSC | Correction Completed<br>04/17/2015 | ID Prefix<br>Reg. #<br>LSC | Correction Completed | ID Prefix<br>Reg. #<br>LSC | Correction Completed |
| ID Prefix<br>Reg. #<br>LSC                                       | Correction Completed               | ID Prefix<br>Reg. #<br>LSC | Correction Completed | ID Prefix<br>Reg. #<br>LSC | Correction Completed |
| ID Prefix<br>Reg. #<br>LSC                                       | Correction Completed               | ID Prefix<br>Reg. #<br>LSC | Correction Completed | ID Prefix<br>Reg. #<br>LSC | Correction Completed |
| ID Prefix<br>Reg. #<br>LSC                                       | Correction Completed               | ID Prefix<br>Reg. #<br>LSC | Correction Completed | ID Prefix<br>Reg. #<br>LSC | Correction Completed |
| ID Prefix<br>Reg. #<br>LSC                                       | Correction Completed               | ID Prefix<br>Reg. #<br>LSC | Correction Completed | ID Prefix<br>Reg. #<br>LSC | Correction Completed |

|              |                                                                                                 |               |                        |       |
|--------------|-------------------------------------------------------------------------------------------------|---------------|------------------------|-------|
| Reviewed By  | Reviewed By  | Date: 4/17/15 | Signature of Surveyor: | Date: |
| State Agency |                                                                                                 |               |                        |       |
| Reviewed By  | Reviewed By                                                                                     | Date:         | Signature of Surveyor: | Date: |
| 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 20, 2015

Administrator  
Heart Of Florida Assisted Living  
301 South 10th Street  
Haines City, FL 33844

**RE: CCR #2014011139**

Dear Administrator:

This letter reports the findings of a complaint survey follow-up (desk review) conducted on April 17, 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)

