

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11932639	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 04/29/2015
Name of Facility GALLO HOUSE I, INC.	Street Address, City, State, Zip Code 9110 STAR TRAIL NEW PORT RICHEY, FL 34654	

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
Correction Completed		Correction Completed		Correction Completed	
ID Prefix <u>A0025</u>	<u>04/29/2015</u>	ID Prefix _____		ID Prefix _____	
Reg. # <u>429.26(7) FS: 58A-5.0182(1) I</u>		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix _____		ID Prefix _____		ID Prefix _____	
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix _____		ID Prefix _____		ID Prefix _____	
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix _____		ID Prefix _____		ID Prefix _____	
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix _____		ID Prefix _____		ID Prefix _____	
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	

Reviewed By State Agency	Reviewed By <i>Paul M. Barr</i>	Date: <u>5/5/15</u>	Signature of Surveyor:		Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		

Followup to Survey Completed on:

02/05/2015

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

May 5, 2105

Administrator
Gallo House I, Inc.
9110 Star Trail
New Port Richey, FL 34654

RE: CCR #2014011888

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on April 29, 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 Kaufman
Field Office Manager

PRC/src
Enclosure: State Form (5000-3547)

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