

5/5/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11968388	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 5/5/2015
Name of Facility CONNERTON COURT		Street Address, City, State, Zip Code 21021 BETEL PALM LN LAND O LAKES, FL 34638

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 A0052 Reg. # 58A-5.0185(3) FAC LSC	Correction Completed 05/05/2015	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By	Reviewed By 	Date: 5/5/15	Signature of Surveyor:	Date:
State Agency				
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:

3/19/2015

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 6, 2015

Administrator
Connerton Court
21021 Betel Palm Lane
Land O' Lakes, FL 34638

Dear Administrator:

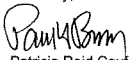
This letter reports the findings of a Change of Ownership (CHOW) state licensure survey follow-up (desk review) conducted on May 5, 2015 by representative(s) of this office.

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)

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