

5/28/2015

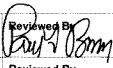
State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11910101	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 5/28/2015
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Name of Facility TENDER LOVING CARE RETIREMENT RESIDENCE	Street Address, City, State, Zip Code 747 BON AIR ST LAKELAND, FL 33805
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This report is completed by a State surveyor to show that 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>A0025</u> Reg. # <u>429.26(7) FS: 58A-5.0182(1)</u> LSC _____	Correction Completed 05/28/2015	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	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 State Agency	Reviewed By 	Date: 5/28/15	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:

3/4/2015

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 29, 2015

Administrator
Tender Loving Care Retirement Residence
747 Bon Air Street
Lakeland, FL 33805

RE: CCR #2014012264 and CCR #2015001611

Dear Administrator:

This letter reports the findings of a complaint survey follow-up (desk review) conducted on May 28, 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,

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Patricia Reid Cauffman
Field Office Manager

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

