

6/18/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11968024	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 06/10/2015
Name of Facility BRISTOL COURT ASSISTED LIVING	Street Address, City, State, Zip Code 3479 54TH AVE N SAINT PETERSBURG, FL 33714	

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 A0025 Reg. # 58A-5.0182(1) FAC LSC	Correction Completed 06/10/2015	ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28 F LSC	Correction Completed 06/10/2015	ID Prefix A0052 Reg. # 58A-5.0185(3) FAC LSC	Correction Completed 06/10/2015
ID Prefix A0055 Reg. # 58A-5.0185(6) FAC LSC	Correction Completed 06/10/2015	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
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 <i>Paul M. Bomm</i>	Date: 6/19/15	Signature of Surveyor:		Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		Date:
Followup to Survey Completed on: 01/30/2015			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

June 22, 2015

Administrator
Bristol Court Assisted Living
3479 54th Ave North
Saint Petersburg, FL 33714

RE: CCR #2015000500, #2014011480 and #2014011772

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on June 10, 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)

