

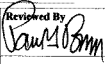
6/29/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11910121	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 06/25/2015
Name of Facility ROCKY CREEK VILLAGE	Street Address, City, State, Zip Code 8606 BOULDER COURT TAMPA, FL 33615	

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 A0010 Reg. # 429.26(1&9) FS; 58A-5.0181(LSC	Correction Completed 06/25/2015	ID Prefix A0052 Reg. # 58A-5.0185(3) FAC LSC	Correction Completed 06/25/2015	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency	Reviewed By 	Date: 7/1/15	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:

03/16/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO

7CFT12



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 2, 2015

Administrator
Rocky Creek Village
8606 Boulder Court
Tampa, FL 33615

RE: CCR #2015000892 and #2015000231

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on June 25, 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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