

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number

AL11966437

(Y2) Multiple Construction

A. Building

B. Wing

(Y3) Date of Revisit

08/03/2015

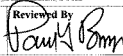
Name of Facility
WESLEY HOUSE II

Street Address, City, State, Zip Code

1146 TIMBER TRACE DRIVE
WESLEY CHAPEL, FL 33543

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 <u>A0030</u> Reg. # <u>58A-5.0182(6) FAC; 429.28 F</u> LSC _____	Correction Completed <u>07/30/2015</u>	ID Prefix <u>A0078</u> Reg. # <u>58A-5.019(2) FAC</u> LSC _____	Correction Completed <u>07/30/2015</u>	ID Prefix <u>A0082</u> Reg. # <u>58A-5.0191(3) FAC</u> LSC _____	Correction Completed <u>07/30/2015</u>
ID Prefix <u>A0090</u> Reg. # <u>58A-5.0191(11) FAC</u> LSC _____	Correction Completed <u>07/30/2015</u>	ID Prefix <u>A0167</u> Reg. # <u>58A-5.025 FAC</u> LSC _____	Correction Completed <u>07/30/2015</u>	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: <u>8/3/15</u>	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:

05/21/2015

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

August 4, 2015

Administrator
Wesley House II
1146 Timber Trace Drive
Wesley Chapel, FL 33543

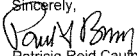
Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on July 31, 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 Cautman
Field Office Manager

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

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St. Petersburg, FL 33701
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