

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11968203	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 8/20/2015
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Name of Facility SAINT JOSEPH ASSISTED LIVING FACILITY, INC	Street Address, City, State, Zip Code 7615 BARRY RD TAMPA, FL 33615
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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 A0008 Reg. # 429.26(4-6) FS: 58A-5.0181 LSC	Correction Completed 08/20/2015	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By

State Agency

Reviewed By

CMS RO

Followup to Survey Completed on:

7/6/2015

Reviewed By

Reviewed By

Date:

Date:

Signature of Surveyor:

Signature of Surveyor:

Date:

Date:

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 21, 2015

Administrator
Saint Joseph Assisted Living Facility, Inc
7615 Barry Rd
Tampa, FL 33615

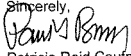
Dear Administrator:

This letter reports the findings of a state licensure survey desk review conducted on August 20, 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/clt
Enclosure: State Form (5000-3547)

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