

8/28/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11932390

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
8/17/2015

Name of Facility

AMELIA ALF

Street Address, City, State, Zip Code

2135 40TH AVENUE 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 A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 08/17/2015	ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC	Correction Completed 08/17/2015	ID Prefix AZ815 Reg. # 408.809, 435.02(2), 435.06 LSC	Correction Completed 08/17/2015
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

CMS RO

Reviewed By

Reviewed By

Date:

Date:

Signature of Surveyor:

Signature of Surveyor:

Date:

Date:

Followup to Survey Completed on:

12/16/2013

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 28, 2015

Administrator
Amelia ALF
(formerly known as Farmer's Retirement Home, Inc.)
2135 40th Avenue N.
Saint Petersburg, FL 33714

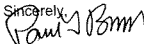
Dear Administrator:

This letter reports the findings of a state licensure survey revisit, a second revisit, and a third revisit conducted on August 17, 2015, by representative(s) of this office.

Attached are the provider's copies of the Revisit Reports, which indicate the previously cited deficiencies were found corrected on the day of the revisits.

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,




Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: Revisit Reports

