State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11968529

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
9/11/2015

Name of Facility
BELLA ROSE ALF INC

Street Address, City, State, Zip Code
804 W YUKON ST
TAMPA, FL 33604

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 A0030 Reg. # 58A-5.0182(6) FAC; 429.28 LSC	Correction Completed 09/11/2015	ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 09/11/2015	ID Prefix A0079 Reg. # 58A-5.019(3) FAC LSC	Correction Completed 09/11/2015
ID Prefix A0083 Reg. # 58A-5.0191(4) FAC LSC	Correction Completed 09/11/2015	ID Prefix AL243 Reg. # 429.075(1) FS; 58A-5.0191(LSC	Correction Completed 09/11/2015	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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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

Date: 9/11/15

Signature of Surveyor:

Date:

Signature of Surveyor:

Date:

Followup to Survey Completed on:
8/4/2015

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

September 11, 2015

Administrator
Bella Rose ALF Inc
804 W Yukon St
Tampa, FL 33604

Dear Administrator:

This letter reports the findings of a state licensure survey desk review conducted on September 11, 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 desk review.

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 Caufman
Field Office Manager

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

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