

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11942892	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 09/11/2015
Name of Facility SUNRISE SENIOR VILLAGE ASSISTED LIVING		Street Address, City, State, Zip Code 11722 NORTH 17TH STREET TAMPA, FL 33612

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 A0025 Reg. # 429.26(7) FS: 58A-5.0182(1) I LSC	Correction Completed 09/11/2015	ID Prefix A0030 Reg. # 58A-5.0182(6) FAC: 429.28 F LSC	Correction Completed 09/11/2015	ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed 09/11/2015
ID Prefix A0120 Reg. # 429.17(3) FS: 429.275(1) 58A- LSC	Correction Completed 09/11/2015	ID Prefix A0165 Reg. # 429.23(1-4 & 6-10) FS: 58A- 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 	Date: 9/21	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:
07/27/2015

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 21, 2015

Administrator
Sunrise Senior Village Assisted Living
11722 North 17th Street
Tampa, FL 33612

Dear Administrator:

This letter reports the findings of a state licensure survey revisit 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 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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