

10/1/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11965361(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
10/1/2015

Name of Facility

EAST LAKE MANOR, INC.

Street Address, City, State, Zip Code

722 EAST LAKE ROAD
TARPOON SPRINGS, FL 34688

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
Correction Completed ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	10/01/2015	Correction Completed ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	10/01/2015	Correction Completed ID Prefix A0082 Reg. # 58A-5.0191(3) FAC LSC	10/01/2015
Correction Completed ID Prefix Reg. # LSC		Correction Completed ID Prefix Reg. # LSC		Correction Completed ID Prefix Reg. # LSC	
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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:

9/21/2015

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

October 1, 2015

Administrator
East Lake Manor, Inc.
722 East Lake Road
Tarpon Springs, FL 34688

Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on October 1, 2015 by representative(s) of this office.

Attached is the provider's copy of the Revisit Report, 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 Cauffman
Field Office Manager

PRC/kpr

Enclosure: Revisit Report

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