

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11942870	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 09/24/2015
Name of Facility PARK PLACE ASSISTED LIVING		Street Address, City, State, Zip Code 541 PARK STREET DUNEDIN, FL 34698

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 A0026 Reg. # 58A-5.0182(2) FAC LSC	Correction Completed 09/24/2015	ID Prefix A0083 Reg. # 58A-5.0191(4) FAC LSC	Correction Completed 09/24/2015	ID Prefix A0084 Reg. # 58A-5.0191(5) FAC LSC	Correction Completed 09/24/2015
ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed 09/24/2015	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By <i>[Signature]</i>	Date: 10/1/15	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:

08/06/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO

00VS12



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 2, 2015

Administrator
Park Place Assisted Living
541 Park Street
Dunedin, FL 34698

Dear Administrator:

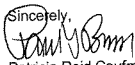
This letter reports the findings of a state licensure survey revisit conducted on September 24, 2015 by representative(s) of this office.

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)

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone: (727) 552-2000; Fax: (727) 552-1162
AHCA.MyFlorida.com



Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida