State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11968540	A. Building B. Wing	10/21/2015

Name of Facility	Street Address, City, State, Zip Code
HONOR HOUSE ASSISTED LIVING FACILITY	1912 DOVE FIELD PL BRANDON, FL 33510

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 **A0008** Reg. # **429.26(4-6) FS; 58A-5.0181** LSC	Correction Completed **10/21/2015**	ID Prefix **A0076** Reg. # **58A-5.0186 FAC** LSC	Correction Completed **10/21/2015**	ID Prefix **A0078** Reg. # **58A-5.019(2) FAC** LSC	Correction Completed **10/21/2015**
ID Prefix **A0085** Reg. # **58A-5.0191(6) FAC** LSC	Correction Completed **10/21/2015**	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:	Signature of Surveyor:	Date:
	Paula Bonn	10/27/15		
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on: 9/11/2015

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 27, 2015

Administrator
Honor House Assisted Living Facility
1912 Dove Field Pl
Brandon, FL 33510

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 21, 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 Caufman
Field Office Manager

PRC/kpr

Enclosure: Revisit Report

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