

10/27/2015

State Form: Revisit Report

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

Name of Facility

HONOR HOUSE ASSISTED LIVING FACILITY

Street Address, City, State, Zip Code

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
	Correction Completed		Correction Completed		Correction Completed
ID Prefix A0008	10/21/2015	ID Prefix A0076	10/21/2015	ID Prefix A0078	10/21/2015
Reg. # 429.26(4-6) FS: 58A-5.0181		Reg. # 58A-5.0186 FAC		Reg. # 58A-5.019(2) FAC	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix A0085	10/21/2015	ID Prefix		ID Prefix	
Reg. # 58A-5.019(6) FAC		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By

State Agency

Reviewed By

CMS RO

Followup to Survey Completed on:

9/11/2015

Reviewed By

Reviewed By

Date:

Date:

Signature of Surveyor:

Signature of Surveyor:

Date:

Date:

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

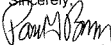
Dear Administrator:

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,

FOI Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: Revisit Report

