

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11966986

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
10/30/2015

Name of Facility

LOMBARDO HOME (THE)

Street Address, City, State, Zip Code

620 71 STREET NW
BRADENTON, FL 34209

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 10/30/2015		Correction Completed 10/30/2015		Correction Completed 10/30/2015
ID Prefix A0052		ID Prefix A0054		ID Prefix A0055	
Reg. # 58A-5.0185 (3)		Reg. # 58A-5.0185(5) FAC		Reg. # 58A-5.0185(6) FAC	
LSC		LSC		LSC	
	Correction Completed 10/30/2015		Correction Completed 10/30/2015		Correction Completed 10/30/2015
ID Prefix A0056		ID Prefix A0078		ID Prefix A0079	
Reg. # 58A-5.0185(7) FAC		Reg. # 58A-5.019(2) FAC		Reg. # 58A-5.019(3) FAC	
LSC		LSC		LSC	
	Correction Completed 10/30/2015		Correction Completed 10/30/2015		Correction Completed 10/30/2015
ID Prefix A0081		ID Prefix A0082		ID Prefix A0084	
Reg. # 58A-5.0191(2) FAC		Reg. # 58A-5.0191(3) FAC		Reg. # 58A-5.0191(5) FAC	
LSC		LSC		LSC	
	Correction Completed 10/30/2015		Correction Completed 10/30/2015		Correction Completed 10/30/2015
ID Prefix A0090		ID Prefix A0093		ID Prefix AZ815	
Reg. # 58A-5.0191(11) FAC		Reg. # 58A-5.020(2) FAC		Reg. # 408.809, 435.02(2), 435.06	
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

Reviewed By

Reviewed By

Date:

Date:

Signature of Surveyor:

Signature of Surveyor:

Date:

Date:

Followup to Survey Completed on:

9/8/2015

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 30, 2015

Administrator
Lombardo Home (The)
620 71 Street NW
Bradenton, FL 34209

Dear Administrator:

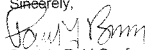
This letter reports the findings of a state licensure follow-up (desk review) conducted on October 30, 2015, by representative(s) of this office.

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,

for 
Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: Revisit Report

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