AH Form Approved
11/13/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11967471	A. Building B. Wing	11/5/2015

Name of Facility	Street Address, City, State, Zip Code
HYDE PARK ASSISTED LIVING FACILITY	3011 WEST DE LEON STREET TAMPA, FL 33609

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 **A0010** Reg. # **429.26(1&9) FS; 58A-5.018** LSC	Correction Completed **11/05/2015**	ID Prefix **A0030** Reg. # **58A-5.0182(6) FAC; 429.28** LSC	Correction Completed **11/05/2015**	ID Prefix **A0091** Reg. # **58A-5.0191(12) FAC** LSC	Correction Completed **11/05/2015**
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency	**Reviewed By** [signature]	**Date:** 11/16/15	**Signature of Surveyor:**	**Date:**
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:
9/16/2015

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

November 13, 2015

Administrator
Hyde Park Assisted Living Facility
3011 West De Leon Street
Tampa, FL 33609

RE: Revisit & **CCR# 2015008677**

Dear Administrator:

This letter reports the findings of a revisit survey and a complaint survey completed on November 5, 2015, by representative(s) of this office.

Attached is the provider's copy of the Revisit Report, which indicates that the previously cited deficiencies were corrected, and the State (5000-3547) Form, indicating no deficiencies were identified during this survey.

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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: Revisit Report & State Form

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