

11/13/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11968767

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
11/12/2015

Name of Facility

LA BELLA VIDA ALF IV

Street Address, City, State, Zip Code

7012 N ORLEANS AVE
TAMPA, FL 33604

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 A0003 Reg. # 58A-5.014 FAC LSC	Correction Completed 11/12/2015	ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed 11/12/2015	ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 11/12/2015
ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed 11/12/2015	ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	Correction Completed 11/12/2015	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

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

State Agency

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

CMS RO

Followup to Survey Completed on:

10/8/2015

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

November 13, 2015

Administrator
Valdespino ALF II (formerly La Bella Vida ALF IV)
7012 N Orleans Ave
Tampa, FL 33604

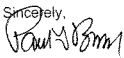
Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on November 12, 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 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** at (727) 552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: Revisit Report

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