State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11953381

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
11/4/2015

Name of Facility
ARLINGTON GARDENS, LLC

Street Address, City, State, Zip Code
7550 60TH WAY NORTH
PINELLAS PARK, FL 33781

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **AZ815** Reg. # **408.809, 435.02(2), 435.06** LSC	**11/04/2015**	ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By [signature]	Date: 11/17/15	**Signature of Surveyor:**	Date:
Reviewed By CMS RO	Reviewed By	Date:	**Signature of Surveyor:**	Date:

Followup to Survey Completed on:
9/22/2015

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 17, 2015

Administrator
Arlington Gardens, LLC
7550-60th Way North
Pinellas Park, FL 33781

Dear Administrator

This letter reports findings of a state licensure survey revisit and a biennial state licensure survey that were conducted on November 4, 2015, by representative(s) of this office. Attached are the provider's copy of the Revisit Report, which indicates the previously cited deficiency was corrected, and the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: Revisit Report & State (5000-3547) Form

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