

11/3/2015

## State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /  
Identification Number  
AL11965487(Y2) Multiple Construction  
A. Building  
B. Wing(Y3) Date of Revisit  
10/23/2015

Name of Facility

BLOOMFIELD MANOR

Street Address, City, State, Zip Code

2774 WESLEYAN DR  
PALM HARBOR, FL 34684

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<br>Completed |           | Correction<br>Completed |           | Correction<br>Completed |
| ID Prefix A0008                   | 10/23/2015              | ID Prefix |                         | ID Prefix |                         |
| Reg. # 429.26(4-6) FS: 58A-5.0181 |                         | Reg. #    |                         | Reg. #    |                         |
| LSC                               |                         | LSC       |                         | LSC       |                         |
|                                   | Correction<br>Completed |           | Correction<br>Completed |           | Correction<br>Completed |
| ID Prefix                         |                         | ID Prefix |                         | ID Prefix |                         |
| Reg. #                            |                         | Reg. #    |                         | Reg. #    |                         |
| LSC                               |                         | LSC       |                         | LSC       |                         |
|                                   | Correction<br>Completed |           | Correction<br>Completed |           | Correction<br>Completed |
| ID Prefix                         |                         | ID Prefix |                         | ID Prefix |                         |
| Reg. #                            |                         | Reg. #    |                         | Reg. #    |                         |
| LSC                               |                         | LSC       |                         | LSC       |                         |
|                                   | Correction<br>Completed |           | Correction<br>Completed |           | Correction<br>Completed |
| ID Prefix                         |                         | ID Prefix |                         | ID Prefix |                         |
| Reg. #                            |                         | Reg. #    |                         | Reg. #    |                         |
| LSC                               |                         | LSC       |                         | LSC       |                         |
|                                   | Correction<br>Completed |           | Correction<br>Completed |           | Correction<br>Completed |
| ID Prefix                         |                         | ID Prefix |                         | ID Prefix |                         |
| Reg. #                            |                         | Reg. #    |                         | Reg. #    |                         |
| LSC                               |                         | LSC       |                         | LSC       |                         |
|                                   | Correction<br>Completed |           | Correction<br>Completed |           | Correction<br>Completed |
| ID Prefix                         |                         | ID Prefix |                         | ID Prefix |                         |
| Reg. #                            |                         | Reg. #    |                         | Reg. #    |                         |
| LSC                               |                         | LSC       |                         | LSC       |                         |

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:

9/11/2015

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 3, 2015

Administrator  
Bloomfield Manor  
2774 Wesleyan Dr  
Palm Harbor, FL 34684

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 23, 2015, by representative(s) of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiency was 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,

*Paul Brown*  
for Patricia Reid Kaufman  
Field Office Manager

PRC/kpr

Enclosure: Revisit Report

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