

12/1/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11922280	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 11/24/2015
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Name of Facility COTTAGES OF PORT RICHEY (THE)	Street Address, City, State, Zip Code 5905 PINEHILL ROAD PORT RICHEY, FL 34668
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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 A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed 11/24/2015	ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed 11/24/2015	ID Prefix A0084 Reg. # 58A-5.0191(5) FAC LSC	Correction Completed 11/24/2015
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
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By CMS RO	Date: 12/1/15	Signature of Surveyor:	Date:
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:

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

December 1, 2015

Administrator
Cottages of Port Richey (The)
5905 Pinehill Road
Port Richey, FL 34668

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on November 24, 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 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,

Patricia Reid Kaufman
Field Office Manager

PRC/kpr

Enclosure: Revisit Report

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