

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11968159

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
12/21/2015

Name of Facility

A SAFE HAVEN ASSISTED LIVING

Street Address, City, State, Zip Code

9000 86TH AVE N
LARGO, FL 33777

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 Completed 12/21/2015		Correction Completed		Correction Completed
ID Prefix Reg. # 408.809, 435.02(2), 435.06 LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By


Date:
12/21/15

Signature of Surveyor:
Signature of Surveyor:

Date:
Date:

Followup to Survey Completed on:
11/12/2015

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 21, 2015

Administrator
A Safe Haven Assisted Living
9000 86th Ave N
Largo, FL 33777

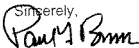
Dear Administrator:

This letter reports the findings of a state licensure survey desk review conducted on December 21, 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, HFES at (727) 552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/clt
Enclosure

DT9D

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