

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number

AL11910790

(Y2) Multiple Construction

A. Building
B. Wing

(Y3) Date of Revisit

01/12/2016

Name of Facility
SUMMIT AT NEW PORT RICHEY

Street Address, City, State, Zip Code

5539 CHARLES STREET
NEW PORT RICHEY, FL 34653

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		Correction Completed		Correction Completed
ID Prefix A0027	01/12/2016	ID Prefix		ID Prefix	
Reg. # 58A-5.0182(3) FAC		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By
State Agency

 Reviewed By
CMS RO

Reviewed By

 Reviewed By

Date:
1/21/16
 Date:

Signature of Surveyor:

 Signature of Surveyor:

Date:

 Date:

Followup to Survey Completed on:

12/01/2015

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

January 21, 2016

Administrator
Summit At New Port Richey
5539 Charles Street
New Port Richey, FL 34653

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on January 12, 2016 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 Caulman
Field Office Manager

PRC/clt
Enclosure: State Form (5000-3547)

DT9D

