AH Form Approved
1/19/2016

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11963853

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
01/19/2016

Name of Facility
EVERGREEN MANOR RETIREMENT HOME

Street Address, City, State, Zip Code
3297 S.R. 580
SAFETY HARBOR, FL 34695

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 **A0008** Reg. # **429.26(4-6) FS; 58A-5.0181(2** LSC	**01/19/2016**	ID Prefix **A0025** Reg. # **429.26(7) FS; 58A-5.0182(1)** LSC	**01/19/2016**	ID Prefix **A0054** Reg. # **58A-5.0185(5) FAC** LSC	**01/19/2016**
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency ✔ **Reviewed By** Paul Byrum **Date:** 1/26/16 **Signature of Surveyor:** **Date:**

Reviewed By CMS RO **Reviewed By** **Date:** **Signature of Surveyor:**

Followup to Survey Completed on:
11/17/2015

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 26, 2016

Administrator
Evergreen Manor Retirement Home
3297 S.R. 580
Safety Harbor, FL 34695

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on January 19, 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,

for Patricia Reid Cauffman
Field Office Manager

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

DT9D

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com