

# STATE FORM: REVISIT REPORT

|                                                                  |                                                                                          |                              |
|------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER<br>AL11968193 | MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                          | DATE OF REVISIT<br>2/23/2016 |
| NAME OF FACILITY<br>CATH E-Z LIVING                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br>907 PINE RIDGE CIRCLE EAST<br>BRANDON, FL 33511 |                              |

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).

| ITEM<br>Y4              | DATE<br>Y5 | ITEM<br>Y4 | DATE<br>Y5 | ITEM<br>Y4 | DATE<br>Y5 |
|-------------------------|------------|------------|------------|------------|------------|
| ID Prefix A0078         | Correction | ID Prefix  | Correction | ID Prefix  | Correction |
| Reg. # 58A-5.019(2) FAC | Completed  | Reg. #     | Completed  | Reg. #     | Completed  |
| LSC                     | 02/23/2016 | LSC        |            | LSC        |            |
| ID Prefix               | Correction | ID Prefix  | Correction | ID Prefix  | Correction |
| Reg. #                  | Completed  | Reg. #     | Completed  | Reg. #     | Completed  |
| LSC                     |            | LSC        |            | LSC        |            |
| ID Prefix               | Correction | ID Prefix  | Correction | ID Prefix  | Correction |
| Reg. #                  | Completed  | Reg. #     | Completed  | Reg. #     | Completed  |
| LSC                     |            | LSC        |            | LSC        |            |
| ID Prefix               | Correction | ID Prefix  | Correction | ID Prefix  | Correction |
| Reg. #                  | Completed  | Reg. #     | Completed  | Reg. #     | Completed  |
| LSC                     |            | LSC        |            | LSC        |            |
| ID Prefix               | Correction | ID Prefix  | Correction | ID Prefix  | Correction |
| Reg. #                  | Completed  | Reg. #     | Completed  | Reg. #     | Completed  |
| LSC                     |            | LSC        |            | LSC        |            |
| ID Prefix               | Correction | ID Prefix  | Correction | ID Prefix  | Correction |
| Reg. #                  | Completed  | Reg. #     | Completed  | Reg. #     | Completed  |
| LSC                     |            | LSC        |            | LSC        |            |

|                             |                                     |                           |                 |                       |      |
|-----------------------------|-------------------------------------|---------------------------|-----------------|-----------------------|------|
| REVIEWED BY<br>STATE AGENCY | <input checked="" type="checkbox"/> | REVIEWED BY<br>(INITIALS) | DATE<br>2/23/16 | SIGNATURE OF SURVEYOR | DATE |
| REVIEWED BY<br>CMS RO       | <input type="checkbox"/>            | REVIEWED BY<br>(INITIALS) | DATE            | TITLE                 | DATE |

FOLLOWUP TO SURVEY COMPLETED ON 1/11/2016

☐ 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

February 23, 2016

Administrator  
Cath E-Z Living  
907 Pine Ridge Circle East  
Brandon, FL 33511

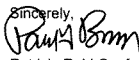
Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on February 23, 2016, by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiency was 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/kpr

Enclosure: Revisit Report

D79D

