

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA/
Identification Number
AL11966016

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
05/23/2016

Name of Facility
ROYAL OAKS MANOR

Street Address, City, State, Zip Code
1833 SEMINOLE BLVD
LARGO, FL 33778

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 A0030	05/23/2016	ID Prefix AZ814	05/23/2016	ID Prefix	
Reg. # 58A-5.0182(6) FAC; 429.28(1)		Reg. # 435.12(2)(b-d), FS		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:
6/7/16

Date:

Signature of Surveyor:

Signature of Surveyor:

Date:

Followup to Survey Completed on:

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

June 7, 2016

Administrator
Royal Oaks Manor
1833 Seminole Blvd
Largo, FL 33778

Dear Administrator:

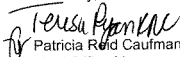
This letter reports the findings of a state licensure survey revisit conducted on May 23, 2016, by representative(s) of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 **Teresa Ryan, RNC**, at (727) 552-2000.

Sincerely,


Patricia Reid Caulman
Field Office Manager

PRC/kpr

Enclosure: Revisit Report

DT9D

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