

# STATE FORM: REVISIT REPORT

|                                                                  |                                                                                            |                             |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER<br>AL11932424 | MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                            | DATE OF REVISIT<br>7/6/2016 |
| NAME OF FACILITY<br>CENTRAL ALF                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2349 CENTRAL AVENUE<br>SAINT PETERSBURG, FL 33713 |                             |

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 A0030                             | Correction | ID Prefix A0093         | Correction | ID Prefix  | Correction |
| Reg. # 58A-5.0182(6) FAC;<br>429.28(1-2) FS | Completed  | Reg. # 58A-5.020(2) FAC | Completed  | Reg. #     | Completed  |
| LSC                                         | 07/06/2016 | LSC                     | 07/06/2016 | 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) <i>FFB</i> | DATE<br>7/15/16 | SIGNATURE OF SURVEYOR | DATE |
| REVIEWED BY<br>CMS RO       | <input type="checkbox"/>            | REVIEWED BY<br>(INITIALS)            | DATE            | TITLE                 | DATE |

FOLLOWUP TO SURVEY COMPLETED ON 5/16/2016

☐ 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

July 18, 2016

Administrator  
Central ALF  
2349 Central Avenue  
Saint Petersburg, FL 33713

**RE: Revisit & CCR# 2016007085**

Dear Administrator:

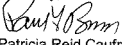
This letter reports the findings of a state licensure survey revisit and a complaint survey completed on July 6, 2016, by representative(s) of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were corrected relative to the revisit, and the State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

  
Patricia Reid Cauffman  
Field Office Manager

PRC/kpr

Enclosures: Revisit Report & State Form 5000-3547

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