STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11910538 Y1	A. Building B. Wing Y2	7/8/2016 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ROBINSONS RESIDENTIAL CARE	11921 CARUSO DRIVE PANAMA CITY, FL 32404

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 Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed 06/10/2016	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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 (INITIALS) KC	DATE 7-8-16	SIGNATURE OF SURVEYOR Kristi Conry	DATE 7-8-16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 5/10/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

EVENT ID: 38OM12

STATE FORM: REVISIT REPORT (11/06)

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910538	R **07/08/2016**
NAME OF PROVIDER OR SUPPLIER **ROBINSONS RESIDENTIAL CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **11921 CARUSO DRIVE** **PANAMA CITY, FL 32404**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

On July 8, 2016, a desk review revisit survey was conducted for a complaint survey dated May 10, 2016. Based on an acceptable plan of correction and supporting documentation, deficiencies were corrected.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 8, 2016

Administrator
Robinsons Residential Care
11921 Caruso Drive
Panama City, FL 32404

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted by desk review on July 8, 2016 by a representative 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. **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. Should you have any questions please call me at 850-412-4540.

Sincerely,

FOR Donah Heiberg, M.S.W.
Field Office Manager

DH/kc
Enclosure

DT9D

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