

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL11968427	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/1/2016
NAME OF FACILITY A LA MY LOVE ALF		STREET ADDRESS, CITY, STATE, ZIP CODE 6821 DOVER CT TAMPA, FL 33634

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 A0008	Correction	ID Prefix A0093	Correction	ID Prefix A0167	Correction
Reg. # 429.26(4-6) FS; 58A-5.0181(2) FAC	Completed	Reg. # 58A-5.020(2) FAC	Completed	Reg. # 58A-5.025 FAC	Completed
LSC	08/01/2016	LSC	08/01/2016	LSC	08/01/2016
ID Prefix AZ828	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 408.813(3)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	08/01/2016	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	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) <i>TL</i>	DATE 8/8/16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 6/13/2016			☐ 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

August 8, 2016

Administrator
A La My Love ALF
6821 Dover Ct
Tampa, FL 33634

Re: Revisit & **CCR# 2016007723**

Dear Administrator:

This letter reports the findings of a state licensure survey revisit and a complaint survey conducted on August 1, 2016, by representative(s) of this office.

Attached are the provider's copies of the Revisit Report, which indicates the previously cited deficiencies were corrected on the day of the revisit, and the State Form (5000-3547), which indicates no deficiencies were identified relative to the complaint survey.

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,

Patricia Reid Kaufman
Patricia Reid Kaufman
Field Office Manager

PRC/kpr

Enclosure: Revisit Report & State Form

DT9D

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