

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL11969062	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/26/2016
NAME OF FACILITY BAYVUE ASSISTED LIVING FACILITY LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2506 LITHIA PINECREST RD VALRICO, FL 33596

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 A0076 Reg. # 58A-5.0186 FAC LSC	Correction Completed 08/26/2016	ID Prefix A0083 Reg. # 58A-5.0191(4) FAC LSC	Correction Completed 08/26/2016	ID Prefix A0084 Reg. # 58A-5.0191(5) FAC LSC	Correction Completed 08/26/2016
ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC	Correction Completed 08/26/2016	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☒	REVIEWED BY (INITIALS) <i>PF3</i>	DATE 8/26/16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 8/17/2016		☐ 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 29, 2016

Administrator
Bayvue Assisted Living Facility LLC
2506 Lithia Pinecrest Rd
Valrico, FL 33596

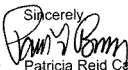
Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on August 26, 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 desk review. **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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

FW Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: Revisit Report

DT9D

