

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL11963853	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/24/2016
NAME OF FACILITY EVERGREEN MANOR RETIREMENT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3297 S.R. 580 SAFETY HARBOR, FL 34695	

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 A0055	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 58A-5.0185(6) FAC	Completed	Reg. #	Completed	Reg. #	Completed
LSC	08/24/2016	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>PRB</i>	DATE 8/30/16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 6/17/2016

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO



RICK SCOTT
GOVERNOR

ELIZABETH OLDEK
SECRETARY

August 31, 2016

Administrator
Evergreen Manor Retirement Home
3297 S.R. 580
Safety Harbor, FL 34695

RE: Revisit & CCR# 2016006005

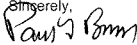
Dear Administrator:

This letter reports the findings of a state licensure survey revisit and a complaint survey completed on August 24, 2016, by representative(s) of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiency was 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,

PRC Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State Form (5000-3547) & Revisit Report

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