

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL11967941	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/12/2016
NAME OF FACILITY TROPICAL PARADISE	STREET ADDRESS, CITY, STATE, ZIP CODE 1593 BRICKYARD ROAD CHIPLEY, FL 32428	

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 A0053	Correction	ID Prefix A0078	Correction	ID Prefix AL243	Correction
Reg. # 58A-5.0185(4) FAC	Completed	Reg. # 58A-5.019(2) FAC	Completed	Reg. # 429.075(1) FS; 58A-5.019(8) FAC	Completed
LSC	10/12/2016	LSC	10/12/2016	LSC	10/12/2016
ID Prefix AZ814	Correction	ID Prefix AZ816	Correction	ID Prefix	Correction
Reg. # 435.12(2)(b-d), FS	Completed	Reg. # 408.809(2)(a-c) FS	Completed	Reg. #	Completed
LSC	10/12/2016	LSC	10/12/2016	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	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) KC	DATE 10/19/16	SIGNATURE OF SURVEYOR Kristi Campbell For Lela Jackson	DATE 10/19/16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 8/24/2016

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

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/19/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967941	(X3) DATE SURVEY COMPLETED R 10/12/2016
NAME OF PROVIDER OR SUPPLIER TROPICAL PARADISE	STREET ADDRESS, CITY, STATE, ZIP CODE 1593 BRICKYARD ROAD CHIPLEY, FL 32428	

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

0000 Initial Comments

An unannounced revisit survey to the biennial licensure survey conducted August 24, 2016 was conducted at Tropical Paradise Assisted Living Facility (license number 11939) on 10/12/16. At the time of the revisit all deficiencies were corrected.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 19, 2016

Administrator
Tropical Paradise
1593 Brickyard Road
Chipley, FL 32428

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 12, 2016 by representatives of this office.

Attached is the provider's copy of the State Form, 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 to the surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Kristi Camacho
For Donah Heiberg, M.S.W.
Field Office Manager

DH/kc
Enclosure

DT9D

