

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AC13910041	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/28/2016
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NAME OF FACILITY BREAD AND ROSES	STREET ADDRESS, CITY, STATE, ZIP CODE 1560 SOUTH HIGHLAND AVENUE CLEARWATER, FL 33756
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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 A0201	Correction	ID Prefix A2818	Correction	ID Prefix	Correction
Reg. # 59A-9.023(1-3), FAC	Completed	Reg. # 408.810(5) FS	Completed	Reg. #	Completed
LSC	04/28/2016	LSC	04/28/2016	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	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY	<input checked="" type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 3/18/2016			<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 28, 2016

Administrator
Bread and Roses
1560 South Highland Avenue
Clearwater, FL 33756

Dear Administrator:

This letter reports the findings of a state licensure survey revisit(s) conducted by (desk review) on **April 28, 2016** by representative(s) of this office.

Attached is the provider's copy of the State Revisit Report(s), 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 surveyor(s). Should you have any questions please call Nila Perrone, RNC at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

PRC/dw
Enclosure

J5XD

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