

7/9/2012

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11942717	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 7/2/2012
Name of Facility DEERWOOD PLACE		Street Address, City, State, Zip Code 8700 A C SKINNER PARKWAY JACKSONVILLE, FL 32256

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).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0030 Reg. # 58A-5.0182(6) FAC: 429.28 LSC	Correction Completed 07/02/2012	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By 	Reviewed By 	Date: 7/9/2012	Signature of Surveyor: 	Date:
State Agency	Reviewed By 	Date:	Signature of Surveyor:	Date:
Reviewed By CMS RO				

Followup to Survey Completed on:

5/14/2012

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

July 9, 2012

Administrator
Deerwood Place
8700 A C Skinner Parkway
Jacksonville, FL 32256

Dear Administrator:

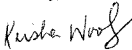
This letter reports the findings of a state licensure survey revisit conducted on July 2, 2012 by representatives of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit.

~~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 this office at (904) 798-4201.

Sincerely,



Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JL/KW/sm
Enclosure

