State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11964588	A. Building B. Wing	6/28/2012

Name of Facility	Street Address, City, State, Zip Code
AILIN LIVING FACILITY	7005 W 16TH AVE HIALEAH, FL 33014

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 A0010 Reg. # 58A-5.0181(4) FAC LSC	Correction Completed 06/28/2012	ID Prefix A0011 Reg. # 58A-5.0181(5) FAC LSC	Correction Completed 06/28/2012	ID Prefix A0025 Reg. # 58A-5.0182(1) FAC LSC	Correction Completed 06/28/2012
ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28 LSC	Correction Completed 06/28/2012	ID Prefix A0053 Reg. # 58A-5.0185(4) FAC LSC	Correction Completed 06/28/2012	ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed 06/28/2012
ID Prefix A0077 Reg. # 58A-5.019(1) FAC LSC	Correction Completed 06/28/2012	ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 06/28/2012	ID Prefix A0079 Reg. # 58A-5.019(4) FAC LSC	Correction Completed 06/28/2012
ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed 06/28/2012	ID Prefix A0082 Reg. # 58A-5.0191(3) FAC LSC	Correction Completed 06/28/2012	ID Prefix A0083 Reg. # 58A-5.0191(4) FAC LSC	Correction Completed 06/28/2012
ID Prefix A0084 Reg. # 58A-5.0191(5) FAC LSC	Correction Completed 06/28/2012	ID Prefix A0085 Reg. # 58A-5.0191(6) FAC LSC	Correction Completed 06/28/2012	ID Prefix A0091 Reg. # 58A-5.0191(12) FAC LSC	Correction Completed 06/28/2012

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor: Durrell Branton	Date: 7/9/2012
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0160 Reg. # 58A-5.024(1) FAC LSC	Correction Completed 06/28/2012	ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed 06/28/2012	ID Prefix A0167 Reg. # 58A-5.025(1) FAC LSC	Correction Completed 06/28/2012
ID Prefix AL243 Reg. # 58A-5.0191(8) FAC LSC	Correction Completed 06/28/2012	ID Prefix AZ806 Reg. # 59A-35.040, FAC LSC	Correction Completed 06/28/2012		

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor: Krystal Pearson	Date: 7/9/2012
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:
Followup to Survey Completed on: 4/25/2012			Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES NO

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

July 10, 2012

Administrator
Ailin Living Facility
7005 W 16th Ave
Hialeah, FL 33014

CCR#2012003812 f/u

Dear Administrator:

This letter reports the findings of a state complaint survey revisit conducted on June 28, 2012 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 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 surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

JSXD

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