

7/13/2012

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11965877	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 7/3/2012
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Name of Facility STEPHENS MEMORIAL HOME	Street Address, City, State, Zip Code 5805 DATIL PEPPER ROAD ST AUGUSTINE, FL 32086
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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).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>A0030</u> Reg. # <u>58A-5.0182(6) FAC: 429.28</u> LSC _____	Correction Completed 07/03/2012	ID Prefix <u>A0057</u> Reg. # <u>58A-5.0185(8) FAC</u> LSC _____	Correction Completed 07/03/2012	ID Prefix <u>A0074</u> Reg. # <u>58A-5.019(3)(b)</u> LSC _____	Correction Completed 07/03/2012
ID Prefix <u>A0078</u> Reg. # <u>58A-5.019(2) FAC</u> LSC _____	Correction Completed 07/03/2012	ID Prefix <u>A0081</u> Reg. # <u>58A-5.0191(2) FAC</u> LSC _____	Correction Completed 07/03/2012	ID Prefix <u>A0082</u> Reg. # <u>58A-5.0191(3) FAC</u> LSC _____	Correction Completed 07/03/2012
ID Prefix <u>A0090</u> Reg. # <u>58A-5.0191(11) FAC</u> LSC _____	Correction Completed 07/03/2012	ID Prefix <u>AE210</u> Reg. # <u>58A-5.0191(7) FAC</u> LSC _____	Correction Completed 07/03/2012	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By <u>[Signature]</u>	Reviewed By <u>[Signature]</u>	Date: <u>7/13/2012</u>	Signature of Surveyor: _____	Date: _____
State Agency _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By _____				
CMS RO _____				

Followup to Survey Completed on:

5/1/2012

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 13, 2012

Administrator
Stephens Memorial Home
5805 Datil Pepper Road
St Augustine, FL 32086

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on July 3, 2012 by a representative 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. 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

CB/KW/sm
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
<http://ahca.myflorida.com>



Jacksonville Field Office
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Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054