

(Y1) Provider / Supplier / CLIA / Identification Number AL11911315	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 7/11/2012
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SAND POINT SENIOR LIVING

1800 HARRISON STREET
TITUSVILLE, FL 32780

(Y4)	Item	(Y5)	Date	(Y4)	Item	(Y5)	Date	(Y4)	Item	(Y5)	Date
ID Prefix	A0030	Correction Completed	07/11/2012	ID Prefix	A0052	Correction Completed	07/11/2012	ID Prefix	A0077	Correction Completed	07/11/2012
Reg. #	58A-5.0182(6) FAC; 429.28			Reg. #	58A-5.0185(3) FAC			Reg. #	58A-5.019(1) FAC		
LSC				LSC				LSC			
ID Prefix		Correction Completed		ID Prefix		Correction Completed		ID Prefix		Correction Completed	
Reg. #				Reg. #				Reg. #			
LSC				LSC				LSC			
ID Prefix		Correction Completed		ID Prefix		Correction Completed		ID Prefix		Correction Completed	
Reg. #				Reg. #				Reg. #			
LSC				LSC				LSC			
ID Prefix		Correction Completed		ID Prefix		Correction Completed		ID Prefix		Correction Completed	
Reg. #				Reg. #				Reg. #			
LSC				LSC				LSC			
ID Prefix		Correction Completed		ID Prefix		Correction Completed		ID Prefix		Correction Completed	
Reg. #				Reg. #				Reg. #			
LSC				LSC				LSC			
ID Prefix		Correction Completed		ID Prefix		Correction Completed		ID Prefix		Correction Completed	
Reg. #				Reg. #				Reg. #			
LSC				LSC				LSC			

Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
State Agency _____	<i>L. Huang for ROC</i>	<i>7/23/12</i>		
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
CMS RO _____				

4/6/2012

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 23, 2012

Administrator
Sand Point Senior Living
1800 Harrison Street
Titusville, FL 32780

Dear Administrator:

RE: Revisit to CCR#2012003842

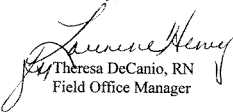
This letter reports the findings of a state licensure survey revisit conducted on July 11, 2012 by representative(s) of this office.

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. **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 Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

J5XD

