

# State Form: Revisit Report

|                                                                       |                                                      |                                   |
|-----------------------------------------------------------------------|------------------------------------------------------|-----------------------------------|
| (Y1) Provider / Supplier / CLIA / Identification Number<br>AL11911315 | (Y2) Multiple Construction<br>A. Building<br>B. Wing | (Y3) Date of Revisit<br>7/11/2012 |
|-----------------------------------------------------------------------|------------------------------------------------------|-----------------------------------|

|                                              |                                                                                       |
|----------------------------------------------|---------------------------------------------------------------------------------------|
| Name of Facility<br>SAND POINT SENIOR LIVING | Street Address, City, State, Zip Code<br>1800 HARRISON STREET<br>TITUSVILLE, FL 32780 |
|----------------------------------------------|---------------------------------------------------------------------------------------|

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 A0078<br>Reg. # 58A-5.019(2) FAC<br>LSC | Correction Completed<br>07/11/2012 | ID Prefix A0084<br>Reg. # 58A-5.019(1)(5) FAC<br>LSC | Correction Completed<br>07/11/2012 | ID Prefix A0167<br>Reg. # 58A-5.025(1) FAC<br>LSC | Correction Completed<br>07/11/2012 |
| ID Prefix<br>Reg. #<br>LSC                        | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                           | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                        | Correction Completed               |
| ID Prefix<br>Reg. #<br>LSC                        | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                           | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                        | Correction Completed               |
| ID Prefix<br>Reg. #<br>LSC                        | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                           | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                        | Correction Completed               |
| ID Prefix<br>Reg. #<br>LSC                        | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                           | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                        | Correction Completed               |
| ID Prefix<br>Reg. #<br>LSC                        | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                           | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                        | Correction Completed               |

|                             |                                   |                  |                        |       |
|-----------------------------|-----------------------------------|------------------|------------------------|-------|
| Reviewed By<br>State Agency | Reviewed By<br><i>[Signature]</i> | Date:<br>7/23/12 | Signature of Surveyor: | Date: |
| Reviewed By<br>CMS RO       | Reviewed By                       | Date:            | Signature of Surveyor: | Date: |

|                                              |                                                                                                                           |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Followup to Survey Completed on:<br>5/7/2012 | 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 biennial w/LNS

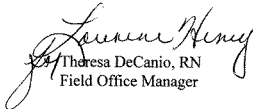
This letter reports the findings of a state licensure survey revisit conducted on July 11, 2012 by representative(s) of this office.

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

