

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11965021	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 7/31/2012
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Name of Facility

GARDENS AT MAPLEWOOD (THE)

Street Address, City, State, Zip Code

1342 NW 104TH DRIVE
CORAL SPRINGS, FL 33071

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 A0076 Reg. # 58A-5.0186 FAC LSC	Correction Completed 07/31/2012	ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed 07/31/2012	ID Prefix A0165 Reg. # 429.23 FS: 58A-5.0241 FAC LSC	Correction Completed 07/31/2012
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
State Agency	<i>MS</i>	8-6-12	<i>L. Greenwood (reg)</i>	8-6-12
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
CMS RO				

Followup to Survey Completed on:

5/8/2012

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

August 6, 2012

Administrator
The Gardens at Maplewood
1342 N.W. 104th Drive
Coral Springs, FL 33071

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on July 31, 2012 by a representative of this office. Attached is the provider's copy of the State Form 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 this agency's representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

R.C. Boyles, HFE Supervisor
for Arlene Mayo-Davis
Field Office Manager

AMD/hl
Enclosure

