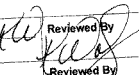


State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11910320	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 8/14/2012
Name of Facility GOLDEN RETREAT SHELTER CARE CE		Street Address, City, State, Zip Code 4410 MONCRIEF RD. W. JACKSONVILLE, FL 32209

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 A0025 Reg. # 58A-5.0182(1) FAC LSC	Correction Completed 08/14/2012	ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC	Correction Completed 08/14/2012	ID Prefix A0165 Reg. # 429.23 FS: 58A-5.0241 FAC LSC	Correction Completed 08/14/2012
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	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 	Reviewed By 	Date: 8/22/2012	Signature of Surveyor:	Date:
State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
CMS RO				
Followup to Survey Completed on: 6/29/2012		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

August 22, 2012

Administrator
Golden Retreat Shelter Care Center
4410 Moncrief Road West
Jacksonville, FL 32209

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on August 14, 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

KW/sm
Enclosure

