State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11910727	A. Building B. Wing	7/6/2012

Name of Facility	Street Address, City, State, Zip Code
POMPANO RETIREMENT VILLAGE	501 S.W. 2ND PLACE POMPANO BEACH, FL 33060

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC	07/06/2012	ID Prefix A0165 Reg. # 429.23 FS; 58A-5.0241 FAC LSC	07/06/2012	ID Prefix AZ815 Reg. # 408.809, 435.02(2), 435.06 LSC	07/06/2012
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By: ACB	Date: 8-24-12	Signature of Surveyor: N. Fuss (ACB)	Date: 8-24-12
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 2/13/2012

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

August 24, 2012

Administrator
Pompano Retirement Village
501 S.W. 2nd Place
Pompano Beach, FL 33060

Dear Administrator:

This letter reports the findings of a 3rd revisit survey to complaints #13818 and #1660 conducted on July 6, 2012 by a representative from this office. Enclosed is the provider's copy of the State Revisit Report, which references the corrected deficiencies.

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

A. L. Boyles, HFE Supervisor

Arlene Mayo-Davis
Field Office Manager

AMD/jw
Enclosure

BB17

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

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 498-5924