

9/14/2012

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11932640(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
8/29/2012

Name of Facility

EMERITUS AT BOYNTON VILLAGE

Street Address, City, State, Zip Code

1935 SOUTH FEDERAL HIGHWAY
BOYNTON BEACH, FL 33435

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 A0052	Correction Completed 08/29/2012	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # 58A-5.0185(3) FAC		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

State Agency

MS

Reviewed By

Reviewed By

CMS RO

Date:

7-14-12

Date:

Signature of Surveyor:

N. T. (neg)

Signature of Surveyor:

Date:

7-14-12

Date:

Followup to Survey Completed on:

5/9/2012

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

September 14, 2012

Administrator
Emeritus at Boynton Village
1935 South Federal Highway
Boynton Beach, FL 33435

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on August 29, 2012 by 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. **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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for *A.C. Boyles, HCA Supervisor*
Arlene Maye-Davis
Field Office Manager
Division of Health Quality Assurance

AMD/
Enclosure

J5XD

