AH Form Approved
9/18/2012

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11910374	A. Building B. Wing	8/28/2012

Name of Facility	Street Address, City, State, Zip Code
WINDSOR COURT	3700 N. FLAGLER DR WEST PALM BEACH, FL 33406

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 A0030 Reg. # 58A-5.0182(6) FAC: 429.28 LSC	Correction Completed 09/28/2012	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency	Reviewed By [signature]	Date: 9-18-12	Signature of Surveyor: N. Frias (RCS7)	Date: 9-18-12
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:
6/20/2012

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

September 18, 2012

Administrator
Windsor Court
3700 N. Flagler Drive
West Palm Beach, FL 33406

RE: CCR #2012005907

Dear Administrator:

This letter reports the findings of a complaint survey revisit that was conducted on August 28, 2012 by a representative from this office. Attached is the provider's copy of the State Revisit Form, which indicates the deficiency finding that was cited on 6/20/12 was corrected.

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,

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

AMD/ls
Enclosure

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