State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11953671	A. Building B. Wing	9/5/2012

Name of Facility	Street Address, City, State, Zip Code
GRAND COURT LAKES MANAGEMENT, LLC	280 SIERRA DRIVE NORTH MIAMI BEACH, FL 33179

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 Reg. # 58A-5.0185(3) FAC LSC	Correction Completed 09/05/2012	ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 09/05/2012	ID Prefix A0080 Reg. # 58A-5.0191(1) FAC LSC	Correction Completed 09/05/2012
ID Prefix A0084 Reg. # 58A-5.0191(5) FAC LSC	Correction Completed 09/05/2012	ID Prefix A0091 Reg. # 58A-5.0191(12) FAC LSC	Correction Completed 09/05/2012	ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC	Correction Completed 09/05/2012
ID Prefix A0161 Reg. # 58A-5.024(2) FAC LSC	Correction Completed 09/05/2012	ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed 09/05/2012	ID Prefix AN277 Reg. # 58A-5.031(2) FAC LSC	Correction Completed 09/05/2012
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

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
			Ruth Stanton	9/5/2012
Reviewed By **CMS RO**	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES	NO
6/27/2012				

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

September 18, 2012

Administrator
Grand Court Lakes Management, Llc
280 Sierra Drive
North Miami Beach, FL 33179

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on September 5, 2012 by representative(s) 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(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

J5XD

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