

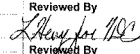
State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11964946	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 9/25/2012
--	---	--

Name of Facility EMERITUS AT MELBOURNE	Street Address, City, State, Zip Code 1765 WEST HIBISCUS BLVD MELBOURNE, FL 32901
--	--

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 <u>A0078</u> Reg. # <u>58A-5.019(2) FAC</u> LSC	Correction Completed 09/25/2012	ID Prefix <u>A0152</u> Reg. # <u>58A-5.023(3) FAC</u> LSC	Correction Completed 09/25/2012	ID Prefix <u>AN278</u> Reg. # <u>58A-5.031(3) FAC</u> LSC	Correction Completed 09/25/2012
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
ID Prefix _____ Reg. # _____ LSC	Correction Completed	ID Prefix _____ Reg. # _____ LSC	Correction Completed	ID Prefix _____ Reg. # _____ LSC	Correction Completed

Reviewed By State Agency Reviewed By CMS RO	Reviewed By  Reviewed By	Date: 9/25/12 Date:	Signature of Surveyor: Signature of Surveyor:	Date: Date:
---	---	---	--	----------------------------------

Followup to Survey Completed on:
6/18/2012

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

September 25, 2012

Administrator
Emeritus At Melbourne
1765 West Hibiscus Blvd
Melbourne, FL 32901

Dear Administrator:

RE: Revisit to biennial w/LNS

This letter reports the findings of a state licensure survey revisit conducted on September 25, 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 Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

J5XD

