

9/26/2012

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11942718	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 9/21/2012
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Name of Facility WESTCHESTER OF SUNRISE (THE)	Street Address, City, State, Zip Code 9701 W. OAKLAND PARK BLVD. SUNRISE, FL 33351
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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 A0010 Reg. # 58A-5.0181(4) FAC LSC	Correction Completed 09/21/2012	ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28 LSC	Correction Completed 09/21/2012	ID Prefix A0052 Reg. # 58A-5.0185(3) FAC LSC	Correction Completed 09/21/2012
ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 09/21/2012	ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed 09/21/2012	ID Prefix A0082 Reg. # 58A-5.0191(3) FAC LSC	Correction Completed 09/21/2012
ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	Correction Completed 09/21/2012	ID Prefix A0092 Reg. # 58A-5.020(1) FAC LSC	Correction Completed 09/21/2012	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

Reviewed By State Agency	Reviewed By <i>MS</i>	Date: 9-27-12	Signature of Surveyor: <i>T. P. Vedges (ms)</i>	Date: 9-27-12
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:
Followup to Survey Completed on: 7/10/2012		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 27, 2012

Administrator
The Westchester Of Sunrise
9701 W. Oakland Park Blvd.
Sunrise, FL 33351

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on September 21, 2012 by a representative from 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,

A.C. Doyle, HFE Supervisor
for Arlene Mayo-Davis
Field Office Manager

AMD/ls
Enclosure

