



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

October 9, 2012

Administrator
Highland Terrace
700 Medical Court East
Inverness, FL 34452

Dear Administrator:

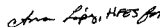
This letter reports the findings of a state licensure survey revisit conducted on September 24, 2012 by representative(s) of this office.

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. **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 surveyor(s). Should you have any questions please call Anna Lopez at (386) 462-6201.

Sincerely,


Kriste J. Mennella
Field Office Manager

KJM/al

Enclosure: State Revisit Report

J5XD



10/9/2012

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11964467	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 9/24/2012
Name of Facility HIGHLAND TERRACE		Street Address, City, State, Zip Code 700 MEDICAL COURT EAST INVERNESS, FL 34452

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 A0008 Reg. # 58A-5.0181(2) FAC LSC	Correction Completed 09/24/2012	ID Prefix A0030 Reg. # 58A-5.0182(6) FAC: 429.28 LSC	Correction Completed 09/24/2012	ID Prefix A0074 Reg. # 58A-5.0191(3)(b) LSC	Correction Completed 09/24/2012
ID Prefix A0076 Reg. # 58A-5.0186 FAC LSC	Correction Completed 09/24/2012	ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed 09/24/2012	ID Prefix A0082 Reg. # 58A-5.0191(3) FAC LSC	Correction Completed 09/24/2012
ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	Correction Completed 10/09/2012	ID Prefix A0167 Reg. # 58A-5.025(1) FAC LSC	Correction Completed 09/24/2012	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 	Date: 10/09/12	Signature of Surveyor: Ch. Lopez, HES for S.J. Beckett, HPE II	Date: 10/09/12
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?