

**State Form: Revisit Report**

(Y1) Provider / Supplier / CLIA /  
Identification Number  
AL11942998

(Y2) Multiple Construction  
A. Building  
B. Wing

(Y3) Date of Revisit  
9/27/2012

Name of Facility

TOWERS RETIREMENT HOME MANAGEMENT, INC

Street Address, City, State, Zip Code

824 SE 2ND STREET  
FORT LAUDERDALE, FL 33301

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<br>Reg. # 58A-5.0182(6) FAC: 429.28<br>LSC | Correction<br>Completed<br>09/27/2012 | ID Prefix A0126<br>Reg. # 58A-5.021(7) FAC<br>LSC | Correction<br>Completed<br>09/27/2012 | ID Prefix A0152<br>Reg. # 58A-5.023(3) FAC<br>LSC | Correction<br>Completed<br>09/27/2012 |
| ID Prefix<br>Reg. #<br>LSC                                 | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC                        | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC                        | Correction<br>Completed               |
| ID Prefix<br>Reg. #<br>LSC                                 | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC                        | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC                        | Correction<br>Completed               |
| ID Prefix<br>Reg. #<br>LSC                                 | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC                        | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC                        | Correction<br>Completed               |
| ID Prefix<br>Reg. #<br>LSC                                 | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC                        | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC                        | Correction<br>Completed               |
| ID Prefix<br>Reg. #<br>LSC                                 | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC                        | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC                        | Correction<br>Completed               |

Reviewed By  
State Agency  
Reviewed By  
CMS RO

Reviewed By  
*[Signature]*  
Reviewed By

Date:  
10/15/12  
Date:

Signature of Surveyor:  
*[Signature]*  
Signature of Surveyor:

Date:  
10/15/12  
Date:

Followup to Survey Completed on:  
7/3/2012

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

October 10, 2012

Administrator  
Towers Retirement Home Management, Inc  
824 SE 2nd Street  
Fort Lauderdale, FL 33301

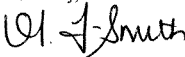
Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Mental Health survey revisit conducted on September 27, 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,

  
for Arlene Mayo-Davis  
Field Office Manager

AMD/dso  
Enclosure: State Form Revisit Report

