AH Form Approved
10/9/2012

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0030** Reg. # **58A-5.0182(6) FAC; 429.28** LSC	**09/27/2012**	ID Prefix **A0126** Reg. # **58A-5.021(7) FAC** LSC	**09/27/2012**	ID Prefix **A0152** Reg. # **58A-5.023(3) FAC** LSC	**09/27/2012**
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency	**Reviewed By** W. Smith	**Date:** 10/10/12	**Signature of Surveyor:** W. Smith for Coleen Broderick	**Date:** 10/10/12
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**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

AHCA

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

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Tallahassee, FL 32308
http://ahca.myflorida.com

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