

10/10/2012

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11911048	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/2/2012
Name of Facility SEASIDE HEALTHCARE	Street Address, City, State, Zip Code 2091 S. OCEAN DRIVE HALLANDALE, FL 33009	

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 A0092 Reg. # 58A-5.020(1) FAC LSC	Correction Completed 10/02/2012	ID Prefix A0160 Reg. # 58A-5.024(1) FAC LSC	Correction Completed 10/02/2012	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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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
W. F. Smith
Reviewed By

Date:
10/11/12
Date:

Signature of Surveyor:
W. F. Smith for Anette Thomas
Signature of Surveyor:

Date:
10/11/12
Date:

Followup to Survey Completed on:

8/31/2012

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
Seaside Healthcare
2091 S. Ocean Drive
Hallandale, FL 33009

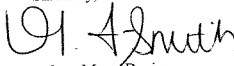
Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 2, 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.

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 Revisit Form

