

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11965485

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
10/10/2012

Name of Facility

PROFESSIONAL HEALTH CARE GROUP

Street Address, City, State, Zip Code

10620 NW 32ND STREET
SUNRISE, FL 33351

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 10/10/2012	ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28 LSC	Correction Completed 10/10/2012	ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed 10/10/2012
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

State Agency

Reviewed By

Date:

Signature of Surveyor:

Date:

Reviewed By
CMS RO

Reviewed By

Date:

Signature of Surveyor:

Date:

Followup to Survey Completed on:

8/6/2012

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 12, 2012

Administrator
Professional Health Care Group
10620 NW 32nd Street
Sunrise, FL 33351

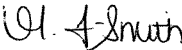
Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 10, 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/lis
Enclosure

