

10/18/2012

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11967918	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 9/11/2012
Name of Facility HOME AWAY FROM HOME		Street Address, City, State, Zip Code 324 LYMAN PL WEST PALM BEACH, FL 33409

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 09/11/2012	ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed 09/11/2012	ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed 09/11/2012
ID Prefix A0160 Reg. # 58A-5.024(1) FAC LSC	Correction Completed 09/11/2012	ID Prefix A0167 Reg. # 58A-5.025(1) FAC LSC	Correction Completed 09/11/2012	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
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	Reviewed By	Date:	Signature of Surveyor:	Date:
State Agency	W. Smith	10/22/12	W. Smith for TIKEL WEDGES-APPENIX	10/22/12
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
CMS RO				
Followup to Survey Completed on: 12/6/2011		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 22, 2012

Administrator
Home Away From Home
324 Lyman PL
West Palm Beach, FL 33409

Dear Administrator:

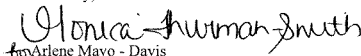
This letter reports the findings of a complaint inspection #2011010485 survey revisit conducted on September 11, 2012 by a representative from this office.

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/jw
Enclosure

J5XD

