

10/31/2012

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11911449(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
10/29/2012

Name of Facility

THE PLAZA AT PEMBROKE PARK, LLC

Street Address, City, State, Zip Code

3535 SW 52ND AVENUE
PEMBROKE PARK, FL 33023

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 <u>A0025</u>	Correction Completed 10/29/2012	ID Prefix <u>A0030</u>	Correction Completed 10/29/2012	ID Prefix _____	Correction Completed
Reg. # <u>58A-5.0182(1) FAC</u>		Reg. # <u>58A-5.0182(6) FAC; 429.28</u>		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	

Reviewed By _____

State Agency _____

Reviewed By _____

CMS RO

Reviewed By _____

Reviewed By _____

Date: _____

Date: _____

Signature of Surveyor: _____

Signature of Surveyor: _____

Date: _____

Date: _____

Follow-up to Survey Completed on:

8/20/2012

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

November 5, 2012

Administrator
The Plaza At Pembroke Park, LLC
3535 SW 52nd Avenue
Pembroke Park, FL 33023

RE: CCR #2012006769

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on October 29, 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,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure

