

11/8/2012

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11968381

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
11/7/2012

Name of Facility

SONGBIRD VILLA I, LLC

Street Address, City, State, Zip Code

11030 56TH PLACE NORTH
WEST PALM BEACH, FL 33411

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
	Correction Completed		Correction Completed		Correction Completed
ID Prefix A0032	11/07/2012	ID Prefix A0180	11/07/2012	ID Prefix	
Reg. # 58A-5.0182(8) FAC LSC		Reg. # 58A-5.026(1) FAC LSC		Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. # LSC		Reg. # LSC		Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. # LSC		Reg. # LSC		Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. # LSC		Reg. # LSC		Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. # LSC		Reg. # LSC		Reg. # LSC	

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
01/4 Smith
Reviewed By

Date:
11/8/12
Date:

Signature of Surveyor:
01/4 Smith
Signature of Surveyor:

Date:
11/8/12
Date:

Followup to Survey Completed on:
10/16/2012

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 8, 2012

Administrator
Songbird Villa I, LLC
11030 56th Place North
West Palm Beach, FL 33411

Dear Administrator:

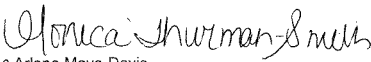
This letter reports the findings of a Desk Review conducted on November 7, 2012 by representatives of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected. **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
Division of Health Quality Assurance

AMD/
Enclosure

