



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

November 9, 2012

Administrator
Apple House II
2301 South Highway 17
Crescent City, FL 32112

Dear Administrator:

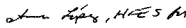
This letter reports the findings of a state licensure survey revisit conducted on October 15, 2012 by a representative of this office.

Enclosed is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **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 surveyor(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,


Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure



State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11964723

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
10/15/2012

Name of Facility

APPLE HOUSE II

Street Address, City, State, Zip Code

2301 S. HWY. 17
CRESCENT CITY, FL 32112

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	Correction Completed 10/15/2012	ID Prefix A0026	Correction Completed 10/15/2012	ID Prefix A0030	Correction Completed 10/15/2012
Reg. # 58A-5.0181(2) FAC LSC		Reg. # 58A-5.0182(2) FAC LSC		Reg. # 58A-5.0182(6) FAC; 429.28 LSC	
ID Prefix AE207	Correction Completed 10/15/2012	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # 58A-5.030(8) FAC LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
(Signature)
Reviewed By

Date:
11/13/12
Date:

Signature of Surveyor:
(Signature)
Signature of Surveyor:

Date:
11/13/12
Date:

Followup to Survey Completed on:
5/7/2012

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO