



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

November 6, 2012

Administrator
Safe And Secure Respite Care, Llc
3091 Skyline Drive
Crestview, FL 32539

Revisit to CCR# 2012009109

Dear Administrator:

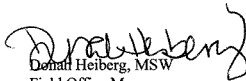
This letter reports the findings of a state licensure survey revisit conducted on November 5, 2012 by representative of this office.

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. **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. Should you have any questions please call me at 850-412-4540.

Sincerely,


Donald Heiberg, MSW
Field Office Manager

Enclosure

J5XD

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
<http://ahca.myflorida.com>



Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone 850-412-4540; Fax (850) 922-9162

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965627	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 11/05/2012
NAME OF PROVIDER OR SUPPLIER SAFE AND SECURE RESPITE CARE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3091 SKYLINE DRIVE CRESTVIEW, FL 32539			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{A 000}	Initial Comments A revisit survey to CCR # 2012009109 was conducted on 11/5/12 at Safe & Secure Respite Care. The one previous deficiency was cleared and no further deficiencies were identified at the time of this survey.	{A 000}			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0009

LJ3L12

If continuation sheet 1 of 1

11/6/2012

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11965627	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 11/5/2012
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Name of Facility

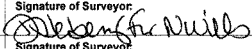
SAFE AND SECURE RESPITE CARE, LLC

Street Address, City, State, Zip Code

3091 SKYLINE DRIVE
CRESTVIEW, FL 32539

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>A0052</u> Reg. # <u>58A-5.0185(3) FAC</u> LSC <u></u>	Correction Completed 11/05/2012	ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed	ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed
ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed	ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed	ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed
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Reviewed By <u></u> State Agency <u></u>	Reviewed By <u></u> CMS RO <u></u>	Date: <u></u>	Signature of Surveyor: <u></u> Signature of Surveyor: <u></u>	Date: <u></u> Date: <u></u>
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Followup to Survey Completed on:

9/20/2012

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO