

**State Form: Revisit Report**

|                                                                       |                                                      |                                                                                     |
|-----------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------|
| (Y1) Provider / Supplier / CLIA / Identification Number<br>AL11943025 | (Y2) Multiple Construction<br>A. Building<br>B. Wing | (Y3) Date of Revisit<br>11/30/2012                                                  |
| Name of Facility<br>JABOT'S ASSISTED LIVING, INC.                     |                                                      | Street Address, City, State, Zip Code<br>2031 SUSSEX DRIVE<br>ORANGE PARK, FL 32065 |

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>A0078</u><br>Reg. # <u>58A-5.019(2) FAC</u><br>LSC _____ | Correction<br>Completed<br>11/30/2012 | ID Prefix <u>AZ815</u><br>Reg. # <u>408.809, 435.02(2), 435.06</u><br>LSC _____ | Correction<br>Completed<br>11/30/2012 | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction<br>Completed |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                          | Correction<br>Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                                    | Correction<br>Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction<br>Completed |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                          | Correction<br>Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                                    | Correction<br>Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction<br>Completed |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                          | Correction<br>Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                                    | Correction<br>Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction<br>Completed |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                          | Correction<br>Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                                    | Correction<br>Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction<br>Completed |

|                       |                                |                         |                              |             |
|-----------------------|--------------------------------|-------------------------|------------------------------|-------------|
| Reviewed By <u>AW</u> | Reviewed By <u>[Signature]</u> | Date: <u>11/30/2012</u> | Signature of Surveyor: _____ | Date: _____ |
| State Agency          |                                |                         | Signature of Surveyor: _____ | Date: _____ |
| Reviewed By _____     | Reviewed By _____              | Date: _____             |                              |             |
| CMS RO                |                                |                         |                              |             |

|                                                |                                                                                                                           |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Followup to Survey Completed on:<br>10/17/2012 | 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 30, 2012

Administrator  
Jabot's Assisted Living, Inc.  
2031 Sussex Drive  
Orange Park, FL 32065

Dear Administrator:

This letter reports the findings of a state licensure desk review conducted on November 30, 2012 by a 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 desk review.

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 this office at (904) 798-4201.

Sincerely,

Keisha Woods, MPH  
Health Facility Evaluator Supervisor  
Division of Health Quality Assurance

KW/sm  
Enclosure

