

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11966339	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 11/20/2012
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Name of Facility SAINT MARY ADULT CARE	Street Address, City, State, Zip Code 5716 SW 149 PLACE MIAMI, FL 33193
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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 A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 11/20/2012	ID Prefix A0160 Reg. # 58A-5.024(1) FAC LSC	Correction Completed 11/20/2012	ID Prefix AL241 Reg. # 58A-5.029(2) FAC LSC	Correction Completed 11/20/2012
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor: <i>Audrey Hunter</i>	Date: 12/10/2012
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 9/25/2012	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

December 11, 2012

Administrator
Saint Mary Adult Care
5716 Sw 149 Place
Miami, FL 33193

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on November 20, 2012 by representative(s) 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.

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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton
Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

J5XD

