

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11911005	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 12/18/2012
Name of Facility MIDWAY RETIREMENT RESIDENCE	Street Address, City, State, Zip Code 93 SW 79 COURT MIAMI, FL 33144	

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 A0052 Reg. # 58A-5.0185(3) FAC LSC	Correction Completed 12/18/2012	ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed 12/18/2012	ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed 12/18/2012
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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 CMS RO	Date: 1/2/13 Signature of Surveyor: Carlene May-Davis, Jom	Date:
Followup to Survey Completed on: 10/15/2012	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

January 3, 2013

Administrator
Midway Retirement Residence
93 Sw 79 Court
Miami, FL 33144

Dear Administrator:

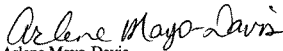
This letter reports the findings of a state licensure survey revisit conducted on December 18, 2012 by representative(s) of this office.

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,


Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

J5XD

