

1/16/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11965941(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
1/10/2013

Name of Facility

GARDEN OF HEALTH (THE)

Street Address, City, State, Zip Code

1910 NE 56 ST
FORT LAUDERDALE, FL 33308

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 A0079	Correction Completed 01/10/2013	ID Prefix A0080	Correction Completed 01/10/2013	ID Prefix A0081	Correction Completed 01/10/2013
Reg. # 58A-5.019(4) FAC		Reg. # 58A-5.019(1) FAC		Reg. # 58A-5.019(2) FAC	
LSC		LSC		LSC	
ID Prefix A0090	Correction Completed 01/10/2013	ID Prefix A0180	Correction Completed 01/10/2013	ID Prefix A0181	Correction Completed 01/10/2013
Reg. # 58A-5.019(11) FAC		Reg. # 58A-5.026(1) FAC		Reg. # 58A-5.026(2) FAC	
LSC		LSC		LSC	
ID Prefix AZB15	Correction Completed 01/10/2013	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # 408.809, 435.02(2), 435.06		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By
State Agency
Reviewed By
CMS ROReviewed By
TWP
Reviewed ByDate:
1/24/13
Date:Signature of Surveyor:
J. W. Phares for L. Greenard
Signature of Surveyor:Date:
1/24/13
Date:Followup to Survey Completed on:
10/15/2012Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 24, 2013

Administrator
The Garden Of Health
1910 NE 56th St
Fort Lauderdale, FL 33308

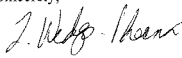
Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on January 10, 2013 by a representative from 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure

J5XD

