AH Form Approved
2/12/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11967848	A. Building B. Wing	10/15/2012

Name of Facility	Street Address, City, State, Zip Code
PALM SHADES	5702 E LINCOLN CIR LAKE WORTH, FL 33463

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0025 Reg. # 58A-5.0182(1) FAC LSC	10/15/2012	ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	10/15/2012	ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	10/15/2012
ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC	10/15/2012	ID Prefix AZ815 Reg. # 408.809, 435.02(2), 435.06 LSC	10/15/2012	ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By TWP	Date: 2/14/13	Signature of Surveyor: L. West-Phemp for B. Conyn T. Phemp	Date: 2/14/13
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:
5/21/2012

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

February 14, 2013

Administrator
Palm Shades
5702 E Lincoln Circle
Lake Worth, FL 33463

Dear Administrator:

This letter reports the findings of a state licensure survey second revisit conducted on October 15, 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 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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