State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11943030	A. Building B. Wing	1/10/2013

Name of Facility	Street Address, City, State, Zip Code
TREEMONT ON THE PARK	3881 N.E. 3RD AVENUE OAKLAND PARK, FL 33334

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 A0008 Reg. # 58A-5.0181(2) FAC LSC	Correction Completed 01/10/2013	ID Prefix A0011 Reg. # 58A-5.0181(5) FAC LSC	Correction Completed 01/10/2013	ID Prefix A0027 Reg. # 58A-5.0182(3) FAC LSC	Correction Completed 01/10/2013
ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28 LSC	Correction Completed 01/10/2013	ID Prefix A0053 Reg. # 58A-5.0185(4) FAC LSC	Correction Completed 01/10/2013	ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed 01/10/2013
ID Prefix A0163 Reg. # 429.49 FS LSC	Correction Completed 01/10/2013	ID Prefix A0165 Reg. # 429.23 FS; 58A-5.0241 FAC LSC	Correction Completed 01/10/2013	ID Prefix A0167 Reg. # 58A-5.025(1) FAC LSC	Correction Completed 01/10/2013
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

Reviewed By State Agency	Reviewed By TWP	Date: 2/22/13	Signature of Surveyor: [signature] for A. Thomas	Date: 2/22/13	
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:	

Followup to Survey Completed on: 10/25/2012

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

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

February 20, 2013

Administrator
Treemont On The Park
3881 N.E. 3rd Avenue
Oakland Park, FL 33334

RE: CCR# 2012008158

Dear Administrator:

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

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure

J5XD

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Tallahassee, FL 32308
http://ahca.myflorida.com

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Delray Beach, FL 33484
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