

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11967230	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 3/8/2013
Name of Facility SHP IV HARBOUR ISLAND, LLC		Street Address, City, State, Zip Code 1101 PLANTATION ISLAND DRIVE SAINT AUGUSTINE, FL 32080

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 <u>A0052</u> Reg. # <u>58A-5.0185(3) FAC</u> LSC <u> </u>	Correction Completed 03/08/2013	ID Prefix <u> </u> Reg. # <u> </u> LSC <u> </u>	Correction Completed	ID Prefix <u> </u> Reg. # <u> </u> LSC <u> </u>	Correction Completed
ID Prefix <u> </u> Reg. # <u> </u> LSC <u> </u>	Correction Completed	ID Prefix <u> </u> Reg. # <u> </u> LSC <u> </u>	Correction Completed	ID Prefix <u> </u> Reg. # <u> </u> LSC <u> </u>	Correction Completed
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Reviewed By <u>KW</u>	Reviewed By <u>[Signature]</u>	Date: <u>3/13/2013</u>	Signature of Surveyor: <u> </u>	Date: <u> </u>
Reviewed By <u> </u>	Reviewed By <u> </u>	Date: <u> </u>	Signature of Surveyor: <u> </u>	Date: <u> </u>

Followup to Survey Completed on:

1/31/2013

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

March 13, 2013

Administrator
SHP IV Harbour Island, LLC
1101 Plantation Island Drive
Saint Augustine, FL 32080

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on March 8, 2013 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.

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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JL/KW/sm
Enclosure

