

4/22/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11966403	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 4/22/2013
Name of Facility WATTS GUARDIAN CARE INC.	Street Address, City, State, Zip Code 7217 EUDINE DRIVE NORTH JACKSONVILLE, FL 32210	

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>A0167</u> Reg. # <u>58A-5.025(1) FAC</u> LSC <u></u>	Correction Completed <u>04/22/2013</u>	ID Prefix <u>AZ815</u> Reg. # <u>408.809, 435.02(2), 435.06</u> LSC <u></u>	Correction Completed <u>04/22/2013</u>	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> State Agency	Reviewed By <u>KW</u> Reviewed By	Date: <u>4/22/13</u> Date:	Signature of Surveyor:	Date:
Reviewed By <u></u> CMS RO			Signature of Surveyor:	Date:
Followup to Survey Completed on: <u>2/14/2013</u>		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

April 22, 2013

Administrator
Watts Guardian Care, Inc.
7217 Eudine Drive North
Jacksonville, FL 32210

Dear Administrator:

This letter reports the findings of a state licensure desk review conducted on April 22, 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 desk review.

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

KW/sm
Enclosure

