

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11943069	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 4/25/2013
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Name of Facility ATLANTIC SHORE RETIREMENT RESIDENCE	Street Address, City, State, Zip Code 1500 NORTH RIVERSIDE DRIVE POMPAÑO BEACH, FL 33062
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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 A0007 Reg. # 58A-5.0181(1) FAC LSC	Correction Completed 04/29/2013	ID Prefix A0079 Reg. # 58A-5.019(4) FAC LSC	Correction Completed 04/29/2013	ID Prefix AZ815 Reg. # 408.809, 435.02(2), 435.06 LSC	Correction Completed 04/29/2013
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency	Reviewed By TWP	Date: 4/29/13	Signature of Surveyor [Signature]	Date: 4/29/13
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor	Date:

Followup to Survey Completed on: 10/29/2012	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

April 30, 2013

Administrator
Atlantic Shore Retirement Residence
1500 North Riverside Drive
Pompano Beach, FL 33062

Dear Administrator:

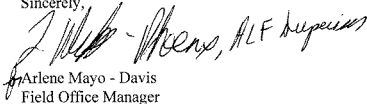
This letter reports the findings of a state licensure survey revisit conducted on April 25, 2013 by a representative from this office.

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/jw
Enclosure

JSD

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Tallahassee, FL 32308
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