

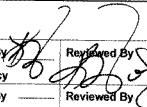
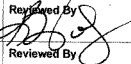
State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11932662	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 5/6/2013
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Name of Facility FLORIDA SHORES ASSISTED LIVING	Street Address, City, State, Zip Code 1229 MANGO TREE DRIVE EDGEWATER, FL 32132
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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 A0008 Correction Completed 05/06/2013 Reg. # 58A-5.0181(2) FAC LSC		ID Prefix A0025 Correction Completed 05/06/2013 Reg. # 58A-5.0182(1) FAC LSC		ID Prefix A0030 Correction Completed 05/06/2013 Reg. # 58A-5.0182(6) FAC; 429.28 LSC	
ID Prefix A0162 Correction Completed 05/06/2013 Reg. # 58A-5.024(3) FAC LSC		ID Prefix A0165 Correction Completed 05/06/2013 Reg. # 429.23 FS; 58A-5.0241 FAC LSC		ID Prefix Correction Completed Reg. # LSC	
ID Prefix Correction Completed Reg. # LSC		ID Prefix Correction Completed Reg. # LSC		ID Prefix Correction Completed Reg. # LSC	
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Reviewed By 	Reviewed By 	Date: 5/10/13	Signature of Surveyor:	Date:
State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
CMS RO				

Followup to Survey Completed on: 2/13/2013	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

May 10, 2013

Administrator
Florida Shores Assisted Living
1229 Mango Tree Drive
Edgewater, FL 32132

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on May 6, 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

JM/KW/sm
Enclosure

