

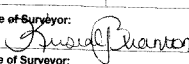
5/22/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11965784	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 4/29/2013
Name of Facility CENTURY ASSISTED LIVING FACILITY, INC		Street Address, City, State, Zip Code 15900 SW 72 TERRACE MIAMI, FL 33193

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 AE203 Reg. # 58A-5.030(4) FAC LSC	Correction Completed 04/29/2013	ID Prefix AE210 Reg. # 58A-5.0191(7) FAC LSC	Correction Completed 04/29/2013	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor: 	Date: 05/02/2013
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 1/28/2013

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

May 22, 2013

Administrator
Century Assisted Living Facility, Inc
15900 Sw 72 Terrace
Miami, FL 33193

Dear Administrator:

This letter reports the findings of a state Extended Congregate Care (ECC) monitoring revisit survey conducted on April 29, 2013 by representative(s) 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://www.fhca.org> 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(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

J5XD

