

5/23/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11911881	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 4/17/2013
Name of Facility DIVINE SENIOR CARE, INC.	Street Address, City, State, Zip Code 4707 OLEANDER AVENUE FORT PIERCE, FL 34982	

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 A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed 04/17/2013	ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed 04/17/2013	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	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 _____	Reviewed By <i>JMA</i>	Date: 5/23/13	Signature of Surveyor: <i>J. Wall Brown for H. Feaster</i>	Date: 5/23/13
State Agency _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
CMS RO _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on:

12/11/2012

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 23, 2013

Administrator
Divine Senior Care, Inc.
4707 Oleander Avenue
Fort Pierce, FL 34982

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on April 17, 2013 by representatives 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager
Division of Health Quality Assurance

AMD/
Enclosure

