State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11911310	A. Building B. Wing	6/4/2013

Name of Facility	Street Address, City, State, Zip Code
PINE ACRES GOLDEN AGE CENTRE	5030 CUB LAKE DRIVE APOPKA, FL 32703

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 Reg. # 58A-5.0181(2) FAC LSC	Correction Completed 06/04/2013	ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28 LSC	Correction Completed 06/04/2013	ID Prefix A0052 Reg. # 58A-5.0185(3) FAC LSC	Correction Completed 06/04/2013
ID Prefix A0055 Reg. # 58A-5.0185(6) FAC LSC	Correction Completed 06/04/2013	ID Prefix A0077 Reg. # 58A-5.019(1) FAC LSC	Correction Completed 06/04/2013	ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 06/04/2013
ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed 06/04/2013	ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC	Correction Completed 06/04/2013	ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed 06/04/2013
ID Prefix A0167 Reg. # 58A-5.025(1) FAC LSC	Correction Completed 06/04/2013	ID Prefix AE205 Reg. # 58A-5.030(6) FAC LSC	Correction Completed 06/04/2013	ID Prefix AE206 Reg. # 58A-5.030(7) FAC LSC	Correction Completed 06/04/2013
ID Prefix AE207 Reg. # 58A-5.030(8) FAC LSC	Correction Completed 06/04/2013	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	**Reviewed By**	**Date:** 6/5/13	**Signature of Surveyor:**	**Date:**	
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**	

Followup to Survey Completed on: 8/28/2012

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

June 5, 2013

Administrator
Pine Acres Golden Age Centre
5030 Cub Lake Drive
Apopka, FL 32703

Re: Revisit to biennial w/ECC

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on June 4, 2013 by representative(s) of this office. Attached is the provider's copy of the State (3020) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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