

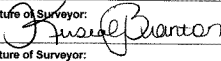
6/5/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11953233	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 5/23/2013
Name of Facility VILLA SERENA II	Street Address, City, State, Zip Code 60-62 NW 33 AVENUE MIAMI, FL 33125	

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 A0010 Correction Completed 05/23/2013 Reg. # 58A-5.0181(4) FAC LSC		ID Prefix A0025 Correction Completed 05/23/2013 Reg. # 58A-5.0182(1) FAC LSC		ID Prefix A0030 Correction Completed 05/23/2013 Reg. # 58A-5.0182(6) FAC: 429.28 LSC	
ID Prefix A0055 Correction Completed 05/23/2013 Reg. # 58A-5.0185(6) FAC LSC		ID Prefix A0057 Correction Completed 05/23/2013 Reg. # 58A-5.0185(8) 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: _____	Signature of Surveyor: 	Date: 06/05/2013
State Agency _____			Signature of Surveyor: _____	Date: _____
Reviewed By _____	Reviewed By _____	Date: _____		Date: _____
CMS RO _____				

Followup to Survey Completed on: 3/18/2013

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 10, 2013

Administrator
Villa Serena II
60-62 Nw 33 Avenue
Miami, FL 33125

CCR#2013001491 f/u

Dear Administrator:

This letter reports the findings of a state complaint revisit survey conducted on May 23, 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://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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

J5XD

