



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 7, 2013

Administrator
Superior Residences
2300 S.W. 21st Circle
Ocala, FL 34471

Re: CCR 2013003467

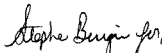
Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on May 31, 2013 by representative(s) of this office. Enclosed 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 surveyor(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,


Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure

J5XD



6/7/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11965252	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 5/31/2013
Name of Facility SUPERIOR RESIDENCES		Street Address, City, State, Zip Code 2300 S.W. 21ST CIRCLE OCALA, FL 34471

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 <u>A0053</u> Reg. # <u>58A-5.0185(4) FAC</u> LSC _____	Correction Completed 05/31/2013	ID Prefix <u>A0076</u> Reg. # <u>58A-5.0186 FAC</u> LSC _____	Correction Completed 05/31/2013	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____ State Agency <u>SBurke</u> Reviewed By _____ CMS RO	Reviewed By _____ Reviewed By _____	Date: <u>6/10/13</u> Date: _____	Signature of Surveyor: <u>SBurke for L. Connolly</u> Signature of Surveyor: _____	Date: <u>6/10/13</u> Date: _____
Followup to Survey Completed on: 4/8/2013		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO		