

6/14/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11910551	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 6/13/2013
Name of Facility BROXTON'S ACLF	Street Address, City, State, Zip Code 2233 PATE POND ROAD CARYVILLE, FL 32427	

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 A0076 Reg. # 58A-5.0186 FAC LSC	Correction Completed 06/13/2013	ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 06/13/2013	ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	Correction Completed 06/13/2013
ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC	Correction Completed 06/13/2013	ID Prefix AL241 Reg. # 58A-5.029(2) FAC LSC	Correction Completed 06/13/2013	ID Prefix AZ815 Reg. # 408.809, 435.02(2), 435.06 LSC	Correction Completed 06/13/2013
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

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor: <i>[Signature]</i>	Date: 6/14/13
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:

4/22/2013

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910551	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 06/13/2013
NAME OF PROVIDER OR SUPPLIER BROXTON'S ACLF			STREET ADDRESS, CITY, STATE, ZIP CODE 2233 PATE POND ROAD CARYVILLE, FL 32427		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{A 000}	Initial Comments On 6/13/13 an unannounced revisit to the biennial survey was conducted at Broxton's ALF. At the time of the revisit, all deficiencies were cleared.	{A 000}			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6800

5WQB12

If continuation sheet 1 of 1



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 14, 2013

Administrator
Broxton's Aclf
2233 Pate Pond Road
Caryville, FL 32427

Dear Administrator:

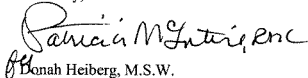
This letter reports the findings of a state licensure survey revisit conducted on June 13, 2013 by a representative of this office.

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 surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,


Donah Heiberg, M.S.W.

Field Office Manager

DH/pm
Enclosure

J5XD

