

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11912132	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 6/6/2013
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Name of Facility

ATRIUM AT BOCA RATON (THE)

Street Address, City, State, Zip Code

1080 NORTHWEST 15TH STREET
BOCA RATON, FL 33486

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 A0030 Reg. # 58A-5.0182(6) FAC: 429.28 LSC	Correction Completed 06/06/2013	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency Reviewed By CMS RO	Reviewed By <i>JWP</i> Reviewed By	Date: 7/2/13 Date:	Signature of Surveyor: <i>2 Wally D. Acosta for N. Frias</i> Signature of Surveyor:	Date: 7/2/13 Date:
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Followup to Survey Completed on:

4/4/2013

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

July 02, 2013

Administrator
Atrium At Boca Raton (The)
1080 Northwest 15th Street
Boca Raton, FL 33486

Re: Change of Ownership

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on June 6, 2013 by a representative from 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

L. Wade Phoenix, Supervisor
for Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

J5XD

