AH Form Approved
6/24/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11967997

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
6/6/2013

Name of Facility
ARBOR VILLAGE HOME

Street Address, City, State, Zip Code
5977 NW BAYNARD DR
PORT SAINT LUCIE, FL 34986

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0030** Reg. # **58A-5.0182(6) FAC; 429.28** LSC	**06/06/2013**	ID Prefix **A0056** Reg. # **58A-5.0185(7) FAC** LSC	**06/06/2013**	ID Prefix **A0162** Reg. # **58A-5.024(3) FAC** LSC	**06/06/2013**
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	**Reviewed By** TWP	**Date:** 7/9/13	**Signature of Surveyor:** [signature] for H Foster	**Date:** 7/9/13
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:
2/7/2013

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

ELIZABETH DUDEK
SECRETARY

July 09, 2013

Administrator
Arbor Village Home
5977 NW Baynard Dr.
Port Saint Lucie, FL 34986

Re: Biennial and Extended Congregate Care (ECC) survey

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,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

J5XD

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