

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11967795	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 6/21/2013
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Name of Facility

ANGUILLA CAY SENIOR LIVING

Street Address, City, State, Zip Code

1021 NORTH RIDGE ROAD
LANTANA, FL 33462

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 A0027 Reg. # 58A-5.0182(3) FAC LSC	Correction Completed 06/21/2013	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
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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 CMS RO	Reviewed By TWP	Date: 7/30/13	Signature of Surveyor: J. McGehee - Henry	Date: 7/30/13
Followup to Survey Completed on: 12/18/2012		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO		



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

July 29, 2013

Administrator
Anguilla Cay Senior Living
1021 North Ridge Road
Lantana, FL 33462

Re: Revisit to CCR #2012013502

Dear Administrator:

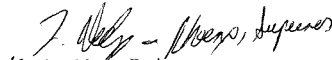
This letter reports the findings of a state licensure survey revisit conducted on June 21, 2013 by a representative from this office.

Attached is the provider's copy of the State Form (5000-3547), 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

