AH Form Approved
10/6/2014

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11963788

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
10/2/2014

Name of Facility
BALMY BEACH RETIREMENT HOME

Street Address, City, State, Zip Code
1030 BALMY BEACH DRIVE
APOPKA, FL 32703

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 **A0025** Reg. # **58A-5.0182(1) FAC** LSC	Correction Completed **10/02/2014**	ID Prefix **A0160** Reg. # **58A-5.024(1) FAC** LSC	Correction Completed **10/02/2014**	ID Prefix **A0162** Reg. # **58A-5.024(3) FAC** LSC	Correction Completed **10/02/2014**
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	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:
7/30/2014

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963788	**10/02/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Balmy Beach Retirement Home	**1030 Balmy Beach Drive Apopka, FL 32703**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0025-Resident Care - Supervision-10/02/2014
0160-Records - Facility-10/02/2014
0162-Records - Resident-10/02/2014

Initial Comments
A re-visit survey was conducted on 10/2/14. Balmy Beach Retirement Facility (ALF) had no deficiencies found at the time of the visit

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 6, 2014

Administrator
Balmy Beach Retirement Home
1030 Balmy Beach Drive
Apopka, FL 32703

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 2, 2014 by representative(s) of 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. **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 Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr

Enclosure

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com