State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11968366	A. Building B. Wing	3/17/2015

Name of Facility	Street Address, City, State, Zip Code
DEJAY'S ADULT CARE, LLC	700 NW 65TH AVENUE PLANTATION, FL 33317

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 A0008 Reg. # 58A-5.0181(2) FAC LSC	Correction Completed 03/17/2015	ID Prefix A0052 Reg. # 58A-5.0185(3) FAC LSC	Correction Completed 03/17/2015	ID Prefix A0079 Reg. # 58A-5.019(3) FAC LSC	Correction Completed 03/17/2015
ID Prefix A0080 Reg. # 58A-5.0191(1) FAC LSC	Correction Completed 03/17/2015	ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed 03/17/2015	ID Prefix AE208 Reg. # 58A-5.030(9) FAC LSC	Correction Completed 03/17/2015
ID Prefix AE210 Reg. # 58A-5.0191(7) FAC LSC	Correction Completed 03/17/2015	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: 1/27/2015		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

March 30, 2015

Administrator
Dejay's Adult Care, Llc
700 NW 65th Avenue
Plantation, FL 33317

Dear Administrator:

This letter reports the findings of a State Relicensure Revisit Survey conducted on March 17, 2015 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

DT9D

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