

4/1/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11953544	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 3/19/2015
Name of Facility PALMS VILLA RETIREMENT HOME, INC	Street Address, City, State, Zip Code 2131 NW 28TH STREET OAKLAND PARK, FL 33311	

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 A0079 Reg. # 58A-5.019(3) FAC LSC	Correction Completed 03/19/2015	ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed 03/19/2015	ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	Correction Completed 03/19/2015
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
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
Reviewed By <i>[Signature]</i> State Agency Reviewed By CMS RO		Date: 4/1/15 Signature of Surveyor: <i>[Signature]</i> Date: 4/1/15 Signature of Surveyor: <i>[Signature]</i>	Date: 4/1/15 Signature of Surveyor: <i>[Signature]</i> Date: 4/1/15 Signature of Surveyor: <i>[Signature]</i>		
Followup to Survey Completed on: 1/21/2015		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

April 01, 2015

Administrator
Palms Villa Retirement Home, Inc
2131 NW 28th Street
Oakland Park, FL 33311

Dear Administrator:

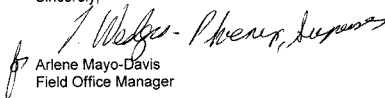
This letter reports the findings of a state licensure survey revisit conducted on March 19, 2015 by a representative of this office.

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dmb

DT9D

