State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11965970	A. Building B. Wing	3/31/2015

Name of Facility	Street Address, City, State, Zip Code
SHADY OAKS REST HOME	1208 KENNEDY RD DAYTONA BEACH, FL 32117

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 A0026 Reg. # 58A-5.0182(2) FAC LSC	Correction Completed 03/31/2015	ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed 03/31/2015	ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed 03/31/2015
ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 03/31/2015	ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed 03/31/2015	ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed 03/31/2015
ID Prefix A0167 Reg. # 58A-5.025 FAC LSC	Correction Completed 03/31/2015	ID Prefix AL241 Reg. # 58A-5.029(2) FAC LSC	Correction Completed 03/31/2015	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

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: 1/7/2015	_____	**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 9, 2015

Administrator
Shady Oaks Rest Home
1208 Kennedy Rd
Daytona Beach, FL 32117

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on March 31, 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.

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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LW/JM/sm
Enclosure

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