

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/16/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968156	(X3) DATE SURVEY COMPLETED R 04/16/2015
NAME OF PROVIDER OR SUPPLIER PEREGON LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8064 S W 133 CT MIAMI, FL 33183	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

A Limited Nursing Services Monitoring survey revisit desk review was conducted on April 16, 2015. Peregon LLC no longer has the LNS component the license.

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11968156

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
4/16/2015

Name of Facility
PEREGON LLC

Street Address, City, State, Zip Code
8064 S W 133 CT
MIAMI, FL 33183

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 AN277 Reg. # 58A-5.031(2) FAC LSC	Correction Completed 04/16/2015	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
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Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
Reviewed By

Date:
Date:

Signature of Surveyor:
Signature of Surveyor:

Date:
Date:

Followup to Survey Completed on:
4/8/2015

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 16, 2015

Administrator
Peregon LLC
8064 S W 133 Ct
Miami, FL 33183

Dear Administrator:

This letter reports the findings of a Limited Nursing Services Monitoring survey revisit desk review conducted on April 16, 2015 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.

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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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