

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11967526

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
4/22/2015

Name of Facility
NAMI HOME INC

Street Address, City, State, Zip Code
19380 SW 16TH STREET
PEMBROKE PINES, FL 33029

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 A0030	Correction Completed 04/22/2015	ID Prefix A0052	Correction Completed 04/22/2015	ID Prefix	Correction Completed
Reg. # 58A-5.0182(6) FAC; 429.28		Reg. # 58A-5.0185(3) FAC		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By *TWP* Reviewed By *RET*
State Agency
Reviewed By
CMS RO

Date: 4/28/15
Date:

Signature of Surveyor: *[Signature]*
Signature of Surveyor: *[Signature]*

Date: 4/28/15
Date:

Followup to Survey Completed on:
2/27/2015

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

April 28, 2015

Administrator
Nami Home Inc
19380 SW 16th Street
Pembroke Pines, FL 33029

RE: Relicensure Survey Revisit

Dear Administrator:

This letter reports the findings of a Relicensure survey revisit conducted on April 22, 2015 by a representative of this office. Attached is the provider's copy of the State Form: Revisit Report, 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
Enclosure

