

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11911449	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 3/31/2015
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Name of Facility

Street Address, City, State, Zip Code

THE PLAZA AT PEMBROKE PARK, LLC

3535 SW 52ND AVENUE
PEMBROKE PARK, FL 33023

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 <u>AE206</u> Reg. # <u>58A-5.030(7) FAC</u> LSC _____	Correction Completed 03/31/2015	ID Prefix <u>AE207</u> Reg. # <u>58A-5.030(8) FAC</u> LSC _____	Correction Completed 03/31/2015	ID Prefix <u>AE208</u> Reg. # <u>58A-5.030(9) FAC</u> 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
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ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By NA

Reviewed By NA

Date: 5/5

Signature of Surveyor: [Signature]

Date: 5/5/15

State Agency

Reviewed By

Date:

Signature of Surveyor:

Date:

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

CMS RO

Followup to Survey Completed on:

2/12/2015

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

May 5, 2015

Administrator
The Plaza At Pembroke Park, LLC
3535 SW 52nd Avenue
Pembroke Park, FL 33023

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. **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/dso
Enclosure

DT9D

