State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11910382	A. Building B. Wing	5/11/2015

Name of Facility	Street Address, City, State, Zip Code
ATRIA MERIDIAN	3061 DONNELLY DRIVE LANTANA, FL 33462

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 **A0055** Reg. # **58A-5.0185(6) FAC** LSC	Correction Completed **05/11/2015**	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency	Reviewed By	Date: 5/18/15	Signature of Surveyor:	Date: 5/18/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:
4/7/2015

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

May 18, 2015

Administrator
Atria Meridian
3061 Donnelly Drive
Lantana, FL 33462

RE: Relicensure Survey Desk Review Revisit

Dear Administrator:

This letter reports the findings of a Relicensure survey desk review revisit conducted on May 11, 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 based on documentation submitted to this office for review.

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

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