

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11966084

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
4/13/2015

Name of Facility

TITUSVILLE TOWERS

Street Address, City, State, Zip Code

405 INDIAN RIVER AVENUE
TITUSVILLE, FL 32796

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 A0091	Correction Completed 04/13/2015	ID Prefix AE203	Correction Completed 04/13/2015	ID Prefix	Correction Completed
Reg. # 58A-5.0191(12) FAC LSC	0091	Reg. # 58A-5.030(4) FAC LSC	E203	Reg. # LSC	1111
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC	1111	Reg. # LSC	1111	Reg. # LSC	1111
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC	1111	Reg. # LSC	1111	Reg. # LSC	1111
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC	1111	Reg. # LSC	1111	Reg. # LSC	1111
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC	1111	Reg. # LSC	1111	Reg. # LSC	1111

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
Henry J. [Signature]
Reviewed By

Date: 5/13/15
Date:

Signature of Surveyor:
Signature of Surveyor:

Date:
Date:

Followup to Survey Completed on:
3/25/2015

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 15, 2015

Administrator
Titusville Towers
405 Indian River Avenue
Titusville, FL 32796

RE: Desk review to ECC monitoring

Dear Administrator:

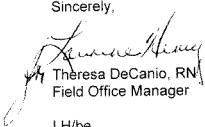
This letter reports the findings of a state licensure survey desk review conducted on April 13, 2015 by representative(s) of this office.

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. **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_shtm 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 Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

DT9D

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