

5/18/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11910722(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
5/14/2015

Name of Facility

LAUDERHILL MANOR

Street Address, City, State, Zip Code

2801 NW 55TH AVENUE
LAUDERHILL, FL 33313

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 A0025	Correction Completed 05/14/2015	ID Prefix A0030	Correction Completed 05/14/2015	ID Prefix A0093	Correction Completed 05/14/2015
Reg. # 58A-5.0182(1) FAC LSC		Reg. # 58A-5.0182(6) FAC; 429.28 LSC		Reg. # 58A-5.020(2) FAC LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	

Reviewed By *M*

State Agency

Reviewed By

CMS RO

Reviewed By *S/S/15*

Reviewed By

Date: *5/28/15*

Date:

Signature of Surveyor: *J. [Signature]*

Signature of Surveyor:

Date: *5/28/15*

Date:

Followup to Survey Completed on:

3/19/2015

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 28, 2015

Administrator
Lauderhill Manor
2801 NW 55th Avenue
Lauderhill, FL 33313

RE: CCR #2014012300

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on May 14, 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

