

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11965060	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 5/13/2015
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Name of Facility ALEA ASSISTED LIVING FACILITY	Street Address, City, State, Zip Code 5304 NW 16TH STREET LAUDERHILL, FL 33313
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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 A0079 Reg. # 58A-5.019(3) FAC LSC	Correction Completed 05/15/2015	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
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Reviewed By <i>MW</i>	Reviewed By <i>MW</i>	Date: 6/1/15	Signature of Surveyor: <i>J. V. Vero for E. H. H.</i>	Date: 6/1/15
State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
CMS RO				

Followup to Survey Completed on:

3/10/2015

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

June 1, 2015

Administrator
Alea Assisted Living Facility
5304 NW 16th Street
Lauderhill, FL 33313

Dear Administrator:

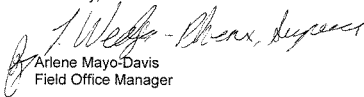
This letter reports the findings of a state licensure survey revisit conducted on May 13, 2015 by a representative of this office.

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: State 5000-3547

DT9D

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