State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11967137	A. Building B. Wing	5/6/2015

Name of Facility	Street Address, City, State, Zip Code
A-1 ASSISTED LIVING FACILITY LLC	9410 SW 52 TERRACE MIAMI, FL 33165

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 **A0030** Reg. # **58A-5.0182(6) FAC; 429.28** LSC	Correction Completed **05/06/2015**	ID Prefix **A0052** Reg. # **58A-5.0185(3) FAC** LSC	Correction Completed **05/06/2015**	ID Prefix **A0054** Reg. # **58A-5.0185(5) FAC** LSC	Correction Completed **05/06/2015**
ID Prefix **A0055** Reg. # **58A-5.0185(6) FAC** LSC	Correction Completed **05/06/2015**	ID Prefix **A0079** Reg. # **58A-5.019(3) FAC** LSC	Correction Completed **05/06/2015**	ID Prefix **A0084** Reg. # **58A-5.0191(5) FAC** LSC	Correction Completed **05/06/2015**
ID Prefix **A0093** Reg. # **58A-5.020(2) FAC** LSC	Correction Completed **05/06/2015**	ID Prefix **A0160** Reg. # **58A-5.024(1) FAC** LSC	Correction Completed **05/06/2015**	ID Prefix **A0162** Reg. # **58A-5.024(3) FAC** LSC	Correction Completed **05/06/2015**
ID Prefix **AZ827** Reg. # **408.812, FS** LSC	Correction Completed **05/06/2015**	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

Reviewed By State Agency	**Reviewed By**	**Date:** 05/05/15	**Signature of Surveyor:**	**Date:**	
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**	

Followup to Survey Completed on: 2/11/2015

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 5, 2015

Administrator
A-1 Assisted Living Facility Llc
9410 Sw 52 Terrace
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a Complaint Investigation Survey Revisit conducted on May 6, 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.

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 surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

DT9D

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com