# State Form: Revisit Report

| (Y1) Provider / Supplier / CLIA / Identification Number | (Y2) Multiple Construction | (Y3) Date of Revisit |
|---|---|---|
| AL11965709 | A. Building<br>B. Wing | 6/1/2015 |

| Name of Facility | Street Address, City, State, Zip Code |
|---|---|
| SAM'S ASSISTED LIVING FACILITY | 1 PEBBLEWOOD LANE<br>PALM COAST, FL 32164 |

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<br>Reg. # 58A-5.0182(6) FAC; 429.28<br>LSC | Correction Completed 06/01/2015 | ID Prefix A0052<br>Reg. # 58A-5.0185(3) FAC<br>LSC | Correction Completed 06/01/2015 | ID Prefix A0054<br>Reg. # 58A-5.0185(5) FAC<br>LSC | Correction Completed 06/01/2015 |
| ID Prefix A0077<br>Reg. # 429.176 FS; 58A-5.019(1) F<br>LSC | Correction Completed 06/01/2015 | ID Prefix A0078<br>Reg. # 58A-5.019(2) FAC<br>LSC | Correction Completed 06/01/2015 | ID Prefix A0081<br>Reg. # 58A-5.0191(2) FAC<br>LSC | Correction Completed 06/01/2015 |
| ID Prefix A0082<br>Reg. # 58A-5.0191(3) FAC<br>LSC | Correction Completed 06/01/2015 | ID Prefix A0085<br>Reg. # 58A-5.0191(6) FAC<br>LSC | Correction Completed 06/01/2015 | ID Prefix A0091<br>Reg. # 58A-5.0191(12) FAC<br>LSC | Correction Completed 06/01/2015 |
| ID Prefix A0093<br>Reg. # 58A-5.020(2) FAC<br>LSC | Correction Completed 06/01/2015 | ID Prefix A0152<br>Reg. # 58A-5.023(3) FAC<br>LSC | Correction Completed 06/01/2015 | ID Prefix A0161<br>Reg. # 429.275(2) FS; 58A-5.024(2<br>LSC | Correction Completed 06/01/2015 |
| ID Prefix A0162<br>Reg. # 58A-5.024(3) FAC<br>LSC | Correction Completed 06/01/2015 | ID Prefix A0167<br>Reg. # 58A-5.025 FAC<br>LSC | Correction Completed 06/01/2015 | ID Prefix AZ815<br>Reg. # 408.809, 435.02(2), 435.06<br>LSC | Correction Completed 06/01/2015 |

| | | | | |
|---|---|---|---|---|
| Reviewed By _____ State Agency | Reviewed By | Date: | Signature of Surveyor: | Date: |
| Reviewed By _____ CMS RO | Reviewed By | Date: | Signature of Surveyor: | Date: |
| Followup to Survey Completed on: 3/5/2015 | | _____ | 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 12, 2015

Administrator
Sam's Assisted Living Facility
1 Pebblewood Lane
Palm Coast, FL 32164

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on June 1, 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.

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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LW/JM/sm
Enclosure

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