

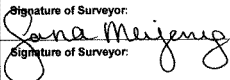
State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11942945	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 6/17/2015
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Name of Facility GRAFTON HOUSE, LLC	Street Address, City, State, Zip Code 168 MARINE STREET SAINT AUGUSTINE, FL 32084
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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 A0010 Reg. # 429.26(1&9) FS: 58A-5.018 LSC	Correction Completed 06/01/2015	ID Prefix A0052 Reg. # 58A-5.0185(3) FAC LSC	Correction Completed 05/04/2015	ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed 05/04/2015
ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed 06/01/2015	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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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:	Signature of Surveyor: 	Date: 6/19/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:

4/29/2015

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 19, 2015

Administrator
Grafton House, LLC
168 Marine Street
Saint Augustine, FL 32084

Re: CCR #2015003448

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on June 17, 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, QHAP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/JM/sm
Enclosure

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