

7/9/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11967911(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
7/8/2015

Name of Facility

VANDOR GERIATRIC HOMECARE INC

Street Address, City, State, Zip Code

2110 NORTH 46TH AVENUE
HOLLYWOOD, FL 33021

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 A0078	Correction Completed 07/08/2015	ID Prefix A0081	Correction Completed 07/08/2015	ID Prefix A0082	Correction Completed 07/08/2015
Reg. # 58A-5.019(2) FAC LSC		Reg. # 58A-5.0191(2) FAC LSC		Reg. # 58A-5.0191(3) FAC LSC	
ID Prefix A0090	Correction Completed 07/08/2015	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # 58A-5.0191(11) FAC 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
 State Agency
 Reviewed By
 CMS RO

 Reviewed By
 Reviewed By

 Date: 7/9/15
 Date:

 Signature of Surveyor:
 Signature of Surveyor:

 Date: 7/9/15
 Date:

Followup to Survey Completed on:

5/12/2015

 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

July 9, 2015

Administrator
Vandor Geriatric Homecare Inc
2110 North 46th Avenue
Hollywood, FL 33021

Dear Administrator:

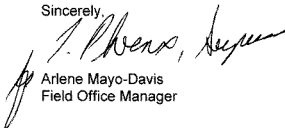
This letter reports the findings of a state licensure survey revisit conducted on July 8, 2015 by a representative of this office.

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/dmb

DT9D

