

7/10/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11965602	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 7/8/2015
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Name of Facility

OPEN ARMS ALF

Street Address, City, State, Zip Code

4652 BELVEDERE ROAD
WEST PALM BEACH, FL 33415

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 <u>A0008</u> Reg. # <u>429.26(4-6) FS; 58A-5.0181</u> LSC _____	Correction Completed 07/08/2015	ID Prefix <u>A0009</u> Reg. # <u>58A-5.0181(3) FAC</u> LSC _____	Correction Completed 07/08/2015	ID Prefix <u>A0010</u> Reg. # <u>429.26(1&9) FS; 58A-5.018</u> LSC _____	Correction Completed 07/08/2015
ID Prefix <u>A0030</u> Reg. # <u>58A-5.0182(6) FAC; 429.28</u> LSC _____	Correction Completed 07/08/2015	ID Prefix <u>A0054</u> Reg. # <u>58A-5.0185(5) FAC</u> LSC _____	Correction Completed 07/08/2015	ID Prefix <u>A0056</u> Reg. # <u>58A-5.0185(7) FAC</u> LSC _____	Correction Completed 07/08/2015
ID Prefix <u>A0076</u> Reg. # <u>58A-5.0186 FAC</u> LSC _____	Correction Completed 07/08/2015	ID Prefix <u>A0162</u> Reg. # <u>58A-5.024(3) FAC</u> LSC _____	Correction Completed 07/08/2015	ID Prefix <u>A0167</u> Reg. # <u>58A-5.025 FAC</u> LSC _____	Correction Completed 07/08/2015
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	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By WReviewed By WDate: 7/10/15Signature of Surveyor: Wendy BrownDate: 7/10/15

State Agency _____

Reviewed By _____

Date: _____

Signature of Surveyor: _____

Date: _____

Reviewed By _____

Reviewed By _____

Date: _____

Signature of Surveyor: _____

Date: _____

CMS RO

Followup to Survey Completed on:

5/11/2015

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

July 10, 2015

Administrator
Open Arms ALF
4652 Belvedere Road
West Palm Beach, FL 33415

Dear Administrator:

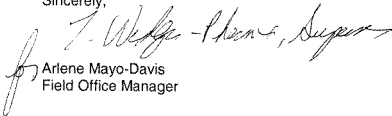
This letter reports the findings of a state licensure survey revisit conducted on July 8, 2015 by a representative of this office.

Attached is the provider's copy of the State Form, Revisit Report, 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

DT90

