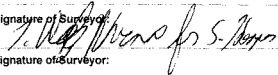


State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11968028	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 7/9/2015
Name of Facility K'S HAVEN, INC		Street Address, City, State, Zip Code 7813 SW 8TH COURT NORTH LAUDERDALE, FL 33068

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 A0052 Reg. # 58A-5.0185(3) FAC LSC	Correction Completed 07/09/2015	ID Prefix A0054 Reg. # 58A-5.0185(6) FAC LSC	Correction Completed 07/09/2015	ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed 07/09/2015
ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed 07/09/2015	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	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 	Reviewed By 	Date: 7/2/15	Signature of Surveyor: 	Date: 7/2/15
State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
Reviewed By				
CMS RO				

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 21, 2015

Administrator
K's Haven, Inc
7813 SW 8th Court
North Lauderdale, FL 33068

RE: Relicensure Survey Revisit

Dear Administrator:

This letter reports the findings of a state Relicensure survey revisit conducted on July 9, 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.

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
Enclosure

DT9D

