

7/10/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11910708(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
7/9/2015

Name of Facility

HORIZON RETIREMENT HOME

Street Address, City, State, Zip Code

1490 NW 21ST STREET
FORT LAUDERDALE, FL 33311

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	Correction Completed 07/09/2015	ID Prefix A0081	Correction Completed 07/09/2015	ID Prefix A0082	Correction Completed 07/09/2015
Reg. # 58A-5.0185(3) FAC LSC		Reg. # 58A-5.0191(2) FAC LSC		Reg. # 58A-5.0191(3) FAC LSC	
ID Prefix A0090	Correction Completed 07/09/2015	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

Reviewed By

Date:

Signature of Surveyor:

Date:

State Agency

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

CMS RO

Followup to Survey Completed on:

5/4/2015

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
Horizon Retirement Home
1490 NW 21st Street
Fort Lauderdale, FL 33311

RE: Relicensure Survey Revisit

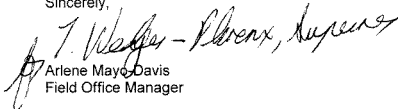
Dear Administrator:

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

