AH Form Approved
7/21/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11910551

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
7/16/2015

Name of Facility
BROXTON'S ACLF

Street Address, City, State, Zip Code
2233 PATE POND ROAD
CARYVILLE, FL 32427

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0052** Reg. # **58A-5.0185(3) FAC** LSC	**07/16/2015**	ID Prefix **AL241** Reg. # **58A-5.029(2) FAC** LSC	**07/16/2015**	ID Prefix **AL243** Reg. # **429.075(1) FS; 58A-5.0191(** LSC	**07/16/2015**
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:** [signature] **Date:** 7/23/15

Reviewed By CMS RO **Reviewed By** **Date:** **Signature of Surveyor:** **Date:**

Followup to Survey Completed on:
5/21/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910551	R 07/16/2015
NAME OF PROVIDER OR SUPPLIER **BROXTON'S ACLF**	STREET ADDRESS, CITY, STATE, ZIP CODE **2233 PATE POND ROAD** **CARYVILLE, FL 32427**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unnounced Revisit Survey was conducted for Biennel Survey on 7/16/15 at Broxton's Assisted Living Facility. There were no deficiences at the time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 23, 2015

Administrator
Broxton's ACLF
2233 Pate Pond Road
Caryville, FL 32427

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on July 16, 2015 bya 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 surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

DT9D

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Tallahassee, FL 32308
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