

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11968493

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
6/16/2015

Name of Facility

CLEON CORP FAMILY CARE INC

Street Address, City, State, Zip Code

10168 NW 128 TERRACE
HIALEAH GARDENS, FL 33018

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 06/16/2015	ID Prefix A0054	Correction Completed 06/16/2015	ID Prefix A0078	Correction Completed 06/16/2015
Reg. # 58A-5.0185(3) FAC		Reg. # 58A-5.0185(5) FAC		Reg. # 58A-5.019(2) FAC	
LSC		LSC		LSC	
ID Prefix A0085	Correction Completed 06/16/2015	ID Prefix A0160	Correction Completed 06/16/2015	ID Prefix A0162	Correction Completed 06/16/2015
Reg. # 58A-5.0191(6) FAC		Reg. # 58A-5.024(1) FAC		Reg. # 58A-5.024(3) FAC	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

State Agency

Reviewed By

Date:

Signature of Surveyor:

Date:

Reviewed By
CMS RO

Followup to Survey Completed on:

4/9/2015

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 29, 2015

Administrator
Cleon Corp Family Care Inc
10168 Nw 128 Terrace
Hialeah Gardens, FL 33018

Dear Administrator:

This letter reports the findings of a Standard Biennial Survey Revisit conducted on June 16, 2015 by representative(s) 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.

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(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

DT9D

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