

8/24/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11965639	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 8/10/2015
Name of Facility UNIQUE ASSISTED LIVING RESIDENCE	Street Address, City, State, Zip Code 8501 NW 38TH STREET CORAL SPRINGS, FL 33065	

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 A0008 Correction Completed Reg. # 429.26(4-6) FS; 58A-5.0181 LSC	08/10/2015	ID Prefix A0025 Correction Completed Reg. # 429.26(7) FS; 58A-5.0182(1) LSC	08/10/2015	ID Prefix A0079 Correction Completed Reg. # 58A-5.019(3) FAC LSC	08/10/2015
ID Prefix A0165 Correction Completed Reg. # 429.23(1-4 & 6-10) FS; 58A LSC	08/10/2015	ID Prefix Correction Completed Reg. # LSC		ID Prefix Correction Completed Reg. # LSC	
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Reviewed By State Agency Reviewed By CMS RO	Reviewed By Date: 8/24/15	Signature of Surveyor: Date: 8/24/15	Signature of Surveyor: Date: 8/24/15
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Followup to Survey Completed on:

6/10/2015

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

August 24, 2015

Administrator
Unique Assisted Living Residence
8501 Nw 38th Street
Coral Springs, FL 33065

Dear Administrator:

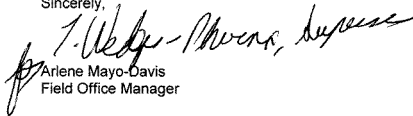
This letter reports the findings of a state licensure survey revisit conducted on August 10, 2015 by a representative of this office.

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(s). Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dit
Enclosure

DT9D

