

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11968641

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
8/19/2015

Name of Facility

NEW AGE ADULTCARE INC

Street Address, City, State, Zip Code

1105 W 2ND AVENUE
HIALEAH, FL 33010

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 Reg. # 429.26(4-6) FS: 58A-5.0181 LSC	Correction Completed 08/19/2015	ID Prefix A0052 Reg. # 58A-5.0185(3) FAC LSC	Correction Completed 08/19/2015	ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed 08/19/2015
ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC	Correction Completed 08/19/2015	ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed 08/19/2015	ID Prefix A0167 Reg. # 58A-5.025 FAC LSC	Correction Completed 08/19/2015
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
CMS RO

Reviewed By

Reviewed By

Date: 9/3/15
Date:

Signature of Surveyor:
Signature of Surveyor:

Date:
Date:

Followup to Survey Completed on:
3/17/2015

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

September 3, 2015

Administrator
New Age Adultcare Inc
1105 W 2nd Avenue
Hialeah, FL 33010

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on August 19, 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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