

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11967795	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 8/26/2015
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Name of Facility ANGUILLA CAY SENIOR LIVING	Street Address, City, State, Zip Code 1021 NORTH RIDGE ROAD LANTANA, FL 33462
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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 <u>A0010</u> Reg. # <u>429.26(1&9) FS: 58A-5.018</u> LSC _____	Correction Completed	ID Prefix <u>A0025</u> Reg. # <u>429.26(7) FS: 58A-5.0182(1</u> LSC _____	Correction Completed	ID Prefix <u>A0032</u> Reg. # <u>58A-5.0182(8) FAC</u> LSC _____	Correction Completed
ID Prefix <u>A0054</u> Reg. # <u>58A-5.0185(5) FAC</u> LSC _____	Correction Completed	ID Prefix <u>A0084</u> Reg. # <u>58A-5.0191(5) FAC</u> LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By <u>W</u>	Reviewed By <u>MJ</u>	Date: <u>9/9/15</u>	Signature of Surveyor: <u>[Signature]</u>	Date: <u>9/9/15</u>
State Agency		Date:	Signature of Surveyor:	Date:
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:

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

, 2015

Administrator
Anguilla Cay Senior Living
1021 North Ridge Road
Lantana, FL 33462

Re: Operation Spot Check

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on 26, 2015 by a representative from 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.shtm> 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/jw
Enclosure

DT9D

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone: (561) 381-5840; Fax: (561) 496-5924
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