

9/22/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11911881	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 8/27/2015
---	--	-----------------------------------

Name of Facility DIVINE SENIOR CARE, INC.	Street Address, City, State, Zip Code 4707 OLEANDER AVENUE FORT PIERCE, FL 34982
--	--

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 09/04/2015	ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 09/04/2015	ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed 09/04/2015
ID Prefix A0083 Reg. # 58A-5.0191(4) FAC LSC	Correction Completed 09/04/2015	ID Prefix A0084 Reg. # 58A-5.0191(5) FAC LSC	Correction Completed 09/04/2015	ID Prefix A0085 Reg. # 58A-5.0191(6) FAC LSC	Correction Completed 09/04/2015
ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	Correction Completed 09/04/2015	ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed 09/04/2015	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 State Agency	Reviewed By <i>[Signature]</i>	Date: 9/22/15	Signature of Surveyor: <i>[Signature]</i>	Date: 9/29/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:
7/15/2015

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 22, 2015

Administrator
Divine Senior Care, Inc.
4707 Oleander Avenue
Fort Pierce, FL 34982

Dear Administrator:

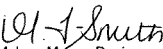
This letter reports the findings of a State Relicensure Revisit Survey conducted on August 27, 2015 by a representative from this office.

Attached is the provider's copy of the State Form / Revisit Report, 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 representative. 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
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida