

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11965243	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 9/24/2015
Name of Facility FRIENDS AT HOME ASSISTED LIVING, INC		Street Address, City, State, Zip Code 3680 CANAVERAL GROVES BLVD. COCOA, FL 32926

This report is compiled 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 A0007	Correction Completed 09/24/2015	ID Prefix A0055	Correction Completed 09/24/2015	ID Prefix A0056	Correction Completed 09/24/2015
Reg. # 429.26(11) FS: 58A-5.0181(	0007	Reg. # 58A-5.0185(6) FAC	0055	Reg. # 58A-5.0185(7) FAC	0056
LSC		LSC		LSC	
ID Prefix A0152	Correction Completed 09/24/2015	ID Prefix A0167	Correction Completed 09/24/2015	ID Prefix	Correction Completed
Reg. # 58A-5.023(3) FAC	0152	Reg. # 58A-5.025 FAC	0167	Reg. #	ZZZZ
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #	ZZZZ	Reg. #	ZZZZ	Reg. #	ZZZZ
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #	ZZZZ	Reg. #	ZZZZ	Reg. #	ZZZZ
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #	ZZZZ	Reg. #	ZZZZ	Reg. #	ZZZZ
LSC		LSC		LSC	

Reviewed By	Reviewed By	Date: 9/25/15	Signature of Surveyor:	Date:
State Agency	<i>Sherry J. S. Dennis</i>			
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
CMS RO				
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 25, 2015

Administrator
Friends At Home Assisted Living, Inc
3680 Canaveral Groves Blvd.
Cocoa, FL 32926

RE: Revisit to relicensure

Dear Administrator:

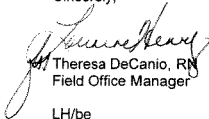
This letter reports the findings of a state licensure survey revisit conducted on September 24, 2015 by representative(s) of this office.

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 Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

DT9D

