AH Form Approved
9/25/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11965243	A. Building B. Wing	9/24/2015

Name of Facility	Street Address, City, State, Zip Code
FRIENDS AT HOME ASSISTED LIVING, INC	3680 CANAVERAL GROVES BLVD. COCOA, FL 32926

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

Reviewed By State Agency	Reviewed By LHenry for S Deems	Date: 9/26/15	Signature of Surveyor:	Date:
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 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

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com