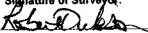


State Form: Revisit Report

|                                                                       |                                                                                      |                                   |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------|
| (Y1) Provider / Supplier / CLIA / Identification Number<br>AL11967998 | (Y2) Multiple Construction<br>A. Building<br>B. Wing                                 | (Y3) Date of Revisit<br>10/8/2015 |
| Name of Facility<br>DIVERSITY ME                                      | Street Address, City, State, Zip Code<br>3225 N MYRTLE AVE<br>JACKSONVILLE, FL 32209 |                                   |

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>A0052</u><br>Reg. # <u>58A-5.0185(3) FAC</u><br>LSC _____ | Correction Completed<br>10/08/2015 | ID Prefix <u>A0082</u><br>Reg. # <u>58A-5.0191(3) FAC</u><br>LSC _____           | Correction Completed<br>10/08/2015 | ID Prefix <u>A0093</u><br>Reg. # <u>58A-5.020(2) FAC</u><br>LSC _____ | Correction Completed<br>10/08/2015 |
| ID Prefix <u>A0152</u><br>Reg. # <u>58A-5.023(3) FAC</u><br>LSC _____  | Correction Completed<br>10/08/2015 | ID Prefix <u>A0161</u><br>Reg. # <u>429.275(2) FS; 58A-5.024(2)</u><br>LSC _____ | Correction Completed<br>10/08/2015 | ID Prefix _____<br>Reg. # _____<br>LSC _____                          | Correction Completed               |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                           | Correction Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                                     | Correction Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                          | Correction Completed               |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                           | Correction Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                                     | Correction Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                          | Correction Completed               |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                           | Correction Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                                     | Correction Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                          | Correction Completed               |

|                    |                   |             |                                                                                                               |                       |
|--------------------|-------------------|-------------|---------------------------------------------------------------------------------------------------------------|-----------------------|
| Reviewed By _____  | Reviewed By _____ | Date: _____ | Signature of Surveyor:<br> | Date: <u>10-13-15</u> |
| State Agency _____ | Reviewed By _____ | Date: _____ | Signature of Surveyor: _____                                                                                  | Date: _____           |
| Reviewed By _____  | Reviewed By _____ | Date: _____ | Signature of Surveyor: _____                                                                                  | Date: _____           |
| CMS RO _____       | Reviewed By _____ | Date: _____ | Signature of Surveyor: _____                                                                                  | Date: _____           |

Followup to Survey Completed on:  
7/14/2015

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

October 13, 2015

Administrator  
Diversity Me  
3225 North Myrtle Avenue  
Jacksonville, FL 32209

Dear Administrator:

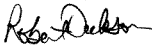
This letter reports the findings of a state licensure survey revisit conducted on October 8, 2015 by a representative of this office.

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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

  
for Jana Meyering, QIDP  
Health Facility Evaluator Supervisor  
Division of Health Quality Assurance

JS/JM/sm  
Enclosure

DT9D

