

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL 11968169

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
10/22/2015

Name of Facility

SENIOR PARADISE LLC

Street Address, City, State, Zip Code

3650 SW VICEROY STREET
PORT SAINT LUCIE, FL 34953

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 A0052 Reg. # 58A-5.0185 (3) LSC	Correction Completed 10/22/2015	ID Prefix A0079 Reg. # 58A-5.019(3) FAC LSC	Correction Completed 10/22/2015	ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed 10/22/2015
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
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By 7
State Agency
Reviewed By
CMS RO

Reviewed By
Reviewed By

Date: 10/14/15
Date:

Signature of Surveyor: 1. Phono for 1. Bollen
Signature of Surveyor:

Date: 10/14/15
Date:

Followup to Survey Completed on:

9/3/2015

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 26, 2015

Administrator
Senior Paradise LLC
3650 SW Viceroy Street
Port Saint Lucie, FL 34953

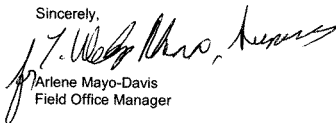
Dear Administrator:

This letter reports the findings of state licensure survey revisit conducted on October 22, 2015 by a representative of this office. Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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/dso
Enclosure

J5XD

