State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11965951	A. Building B. Wing	10/28/2015

Name of Facility	Street Address, City, State, Zip Code
HAVENCREST ALF III	4471 COCONUT CREEK BLVD COCONUT CREEK, FL 33066

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 **A0010** Reg. # **429.26(1&9) FS; 58A-5.018** LSC	Correction Completed **10/28/2015**	ID Prefix **A0030** Reg. # **58A-5.0182(6) FAC; 429.28** LSC	Correction Completed **10/28/2015**	ID Prefix **A0079** Reg. # **58A-5.019(3) FAC** LSC	Correction Completed **10/28/2015**
ID Prefix **A0160** Reg. # **58A-5.024(1) FAC** LSC	Correction Completed **10/28/2015**	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**	
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**	

Followup to Survey Completed on: 8/6/2015

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

November 4, 2015

Administrator
Havencrest ALF III
4471 Coconut Creek Blvd
Coconut Creek, FL 33066

RE: CCR #2015007131

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on October 28, 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
Enclosure

DT9D

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