

11/4/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11910713

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
11/3/2015

Name of Facility

NEW HOPE GROUP HOME

Street Address, City, State, Zip Code

6021 DUVAL STREET
HOLLYWOOD, FL 33024

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
	Correction Completed		Correction Completed		Correction Completed
ID Prefix A0010	11/03/2015	ID Prefix A0032	11/03/2015	ID Prefix A0052	11/03/2015
Reg. # 429.26(1&9) FS: 58A-5.018 LSC		Reg. # 58A-5.018(2) FAC LSC		Reg. # 58A-5.0185 (3) LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix A0077	11/03/2015	ID Prefix A0078	11/03/2015	ID Prefix A0080	11/03/2015
Reg. # 429.176 FS: 58A-5.019(1) F LSC		Reg. # 58A-5.019(2) FAC LSC		Reg. # 429.52(1-2) FS: 58A-5.0191 LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix A0152	11/03/2015	ID Prefix A0162	11/03/2015	ID Prefix AL243	11/03/2015
Reg. # 58A-5.023(3) FAC LSC		Reg. # 58A-5.024(3) FAC LSC		Reg. # 429.075(1) FS: 58A-5.0191 LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By *W*Reviewed By *W*

Date: 11/14/15

Signature of Surveyor: *J. Wells*

Date: 11/14/15

State Agency

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

CMS RO

Followup to Survey Completed on:

8/12/2015

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 12, 2015

Administrator
New Hope Group Home
6021 Duval Street
Hollywood, FL 33024

RE: Relicensure Survey Revisit

Dear Administrator:

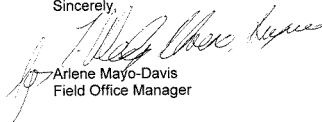
This letter reports the findings of a state Relicensure survey revisit conducted on November 3, 2015 by a representative of this office.

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

