

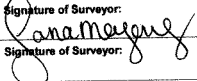
12/15/2015

## State Form: Revisit Report

|                                                                       |                                                                                   |                                   |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------|
| (Y1) Provider / Supplier / CLIA / Identification Number<br>AL11968046 | (Y2) Multiple Construction<br>A. Building<br>B. Wing                              | (Y3) Date of Revisit<br>12/4/2015 |
| Name of Facility<br>MYRTICE ANGELS SENIOR HOME CARE LLC               | Street Address, City, State, Zip Code<br>2570 VERNON ST<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>A0078</u><br>Reg. # <u>58A-5.019(2) FAC</u><br>LSC _____ | Correction<br>Completed<br>12/04/2015 | ID Prefix <u>A0081</u><br>Reg. # <u>58A-5.019(2) FAC</u><br>LSC _____            | Correction<br>Completed<br>12/04/2015 | ID Prefix <u>A0085</u><br>Reg. # <u>58A-5.019(6) FAC</u><br>LSC _____            | Correction<br>Completed<br>12/04/2015 |
| ID Prefix <u>A0152</u><br>Reg. # <u>58A-5.023(3) FAC</u><br>LSC _____ | Correction<br>Completed<br>12/04/2015 | ID Prefix <u>A0161</u><br>Reg. # <u>429.275(2) FS; 58A-5.024(2)</u><br>LSC _____ | Correction<br>Completed<br>12/04/2015 | ID Prefix <u>AL243</u><br>Reg. # <u>429.075(1) FS; 58A-5.019(1)</u><br>LSC _____ | Correction<br>Completed<br>12/04/2015 |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                          | Correction<br>Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                                     | Correction<br>Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                                     | Correction<br>Completed               |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                          | Correction<br>Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                                     | Correction<br>Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                                     | Correction<br>Completed               |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                          | Correction<br>Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                                     | Correction<br>Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                                     | Correction<br>Completed               |

|                    |                   |             |                                                                                                            |                       |
|--------------------|-------------------|-------------|------------------------------------------------------------------------------------------------------------|-----------------------|
| Reviewed By _____  | Reviewed By _____ | Date: _____ | Signature of Surveyor:  | Date: <u>12/15/15</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:

10/28/2015

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

December 15, 2015

Administrator  
Myrtice Angels Senior Home Care, LLC  
2570 Vernon Street  
Jacksonville, FL 32209

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on December 4, 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,

Jana Meyering, QIP  
Health Facility Evaluator Supervisor  
Division of Health Quality Assurance

JD/JM/sm  
Enclosure

DT9D

