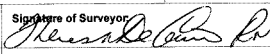


State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11966273	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/30/2015
Name of Facility CEDAR CREEK LIFE CENTER		Street Address, City, State, Zip Code 4279 JUDITH AVE MERRITT ISLAND, FL 32953

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>A0030</u> Reg. # <u>58A-5.0182(6) FAC: 429.28</u> 0030 LSC _____	Correction Completed 10/30/2015	ID Prefix <u>A0053</u> Reg. # <u>58A-5.0185(4) FAC</u> 0053 LSC _____	Correction Completed 10/30/2015	ID Prefix <u>A0055</u> Reg. # <u>58A-5.0185(6) FAC</u> 0055 LSC _____	Correction Completed 10/30/2015
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed ZZZZ	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed ZZZZ	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed ZZZZ
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed ZZZZ	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed ZZZZ	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed ZZZZ
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed ZZZZ	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed ZZZZ	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed ZZZZ
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed ZZZZ	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed ZZZZ	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed ZZZZ

Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: 	Date: _____
State Agency _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: <u>12/23/15</u>
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on:
8/18/2015

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 22, 2015

Administrator
Cedar Creek Life Center
4279 Judith Ave
Merritt Island, FL 32953

RE: Revisit to #2015005113

Dear Administrator:

This letter reports the findings of a state licensure complaint survey revisit conducted on October 30, 2015 by representative(s) 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. **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 surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

DT9D

