State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11967199

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
12/11/2015

Name of Facility
CASA BONITA ALF LLC

Street Address, City, State, Zip Code
931 NE 17 TERRACE
HOMESTEAD, FL 33033

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 **A0025** Reg. # **429.26(7) FS; 58A-5.0182(1** LSC	Correction Completed **12/11/2015**	ID Prefix **A0030** Reg. # **58A-5.0182(6) FAC; 429.28** LSC	Correction Completed **12/11/2015**	ID Prefix **A0052** Reg. # **58A-5.0185 (3)** LSC	Correction Completed **12/11/2015**
ID Prefix **A0084** Reg. # **58A-5.0191(5) FAC** LSC	Correction Completed **12/11/2015**	ID Prefix **A0152** Reg. # **58A-5.023(3) FAC** LSC	Correction Completed **12/11/2015**	ID Prefix **A0162** Reg. # **58A-5.024(3) FAC** LSC	Correction Completed **12/11/2015**
ID Prefix **AZ827** Reg. # **408.812, FS** LSC	Correction Completed **12/11/2015**	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
State Agency

Reviewed By

Date: 12/29/15

Signature of Surveyor:

Date:

Reviewed By
CMS RO

Reviewed By

Date:

Signature of Surveyor:

Date:

Followup to Survey Completed on:
10/7/2015

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 29, 2015

Administrator
Casa Bonita Alf Llc
931 Ne 17 Terrace
Homestead, FL 33033

Dear Administrator:

This letter reports the findings of a revisit survey conducted on December 11, 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than December 29, 2015.

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 (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida