

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11968790

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
12/29/2015

Name of Facility

ANGELS WINGS SYNERGY RETREAT, LLC

Street Address, City, State, Zip Code

1920 N 44TH ST
FORT PIERCE, FL 34947

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 A0008 Reg. # 429.26(4-6) FS; 58A-5.0181 LSC	Correction Completed 01/29/2016	ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed 12/29/2015	ID Prefix A0055 Reg. # 58A-5.0185(6) FAC LSC	Correction Completed 12/29/2015
ID Prefix A0084 Reg. # 58A-5.0191(5) FAC LSC	Correction Completed 12/29/2015	ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed 12/29/2015	ID Prefix AN277 Reg. # 58A-5.031(2) FAC LSC	Correction Completed 12/29/2015
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By *N* Reviewed By *N*
State Agency
Reviewed By
CMS RO

Date: 1/19/16
Date:

Signature of Surveyor: *[Signature]*
Signature of Surveyor:

Date: 1/19/16
Date:

Followup to Survey Completed on:
10/22/2015

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

January 19, 2016

Administrator
Angels Wings Synergy Retreat, LLC
1920 N 44th St
Fort Pierce, FL 34947

Dear Administrator:

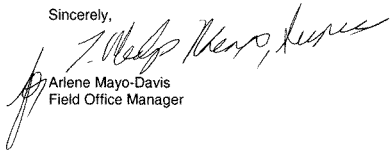
This letter reports the findings of a state licensure Monitoring survey revisit conducted on December 29, 2015 by a representative of this office.

Attached is the provider's copy of the State Form, 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/dso
Enclosure

DT90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone: (561) 381-5840; Fax: (561) 496-5924
AHCA.MyFlorida.com



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