AH Form Approved
1/14/2016

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11953535	A. Building B. Wing	1/14/2016

Name of Facility	Street Address, City, State, Zip Code
GOOD HOPE MANOR	2251 NW 29TH COURT OAKLAND PARK, FL 33311

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 01/14/2016	ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28(LSC	Correction Completed 01/14/2016	ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC	Correction Completed 01/14/2016

Reviewed By State Agency	Reviewed By	Date: 1/25/16	Signature of Surveyor: Date: 1/25/16
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor: Date:
Followup to Survey Completed on: 9/28/2015		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

January 25, 2016

Administrator
Good Hope Manor
2251 NW 29th Court
Oakland Park, FL 33311

Re: Limited Nursing Services
Monitoring Survey

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on January 14, 2016 by a representative from 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

DT9D

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