

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL11963924	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/5/2016
NAME OF FACILITY WE CARE SENIOR ASSISTED LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8325 SW 37 STREET MIAMI, FL 33155	

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 05/05/2016	ID Prefix A0080 Reg. # 429.52(1-2) FS; 58A-5.019(1) FAC LSC	Correction Completed 05/05/2016	ID Prefix A0081 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 05/05/2016
ID Prefix A0090 Reg. # 58A-5.019(11) FAC LSC	Correction Completed 05/05/2016	ID Prefix AZ814 Reg. # 435.12(2)(b-d), FS LSC	Correction Completed 05/05/2016	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 3/16/2016

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO



RICK SCOTT
GOVERNOR

ELIZABETH DUKE
SECRETARY

May 12, 2016

Administrator
We Care Senior Assisted Living Llc
8325 Sw 37 Street
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a Limited Mental Health licensure expansion survey revisit conducted on May 5, 2016 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.

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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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