STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11967848 Y1	A. Building B. Wing Y2	6/28/2016 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
PALM SHADES ADULT HOME CARE INC	5702 E LINCOLN CIR LAKE WORTH, FL 33463

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 A0008	Correction	ID Prefix A0010	Correction	ID Prefix A0052	Correction
Reg. # 429.26(4-6) FS; 58A-5.0181(2) FAC	Completed	Reg. # 429.26(1&9) FS; 58A-5.0181(4) FAC	Completed	Reg. # 58A-5.0185 (3)	Completed
LSC	06/28/2016	LSC	06/28/2016	LSC	06/28/2016
ID Prefix A0055	Correction	ID Prefix A0056	Correction	ID Prefix A0162	Correction
Reg. # 58A-5.0185(6) FAC	Completed	Reg. # 58A-5.0185(7) FAC	Completed	Reg. # 58A-5.024(3) FAC	Completed
LSC	06/28/2016	LSC	06/28/2016	LSC	06/28/2016
ID Prefix A0167	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 58A-5.025 FAC	Completed	Reg. #	Completed	Reg. #	Completed
LSC	06/28/2016	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
	M	8/10/16		8/12/16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 4/12/2016

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

STATE FORM: REVISIT REPORT (11/06) EVENT ID: TWCP12

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 12, 2016

Administrator
Palm Shades Adult Home Care Inc
5702 E Lincoln Cir
Lake Worth, FL 33463

Dear Administrator:

This letter reports the findings of a State Relicensure Revisit Survey conducted on June 28, 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,

for Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

DT9D

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