

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL11966236	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/9/2016
NAME OF FACILITY PELICAN GARDEN, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 177 EMPRESS AVE SEBASTIAN, FL 32958	

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 A0052 Reg. # 58A-5.0185 (3) LSC	Correction Completed 08/09/2016	ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed 08/09/2016	ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed 08/09/2016
ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed 08/09/2016	ID Prefix AZ814 Reg. # 435.12(2)(b-d), FS LSC	Correction Completed 08/09/2016	ID Prefix AZ815 Reg. # 408.809, 435.02(2), 435.06 LSC	Correction Completed 08/09/2016
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) <i>n</i>	DATE <i>8/6/16</i>	SIGNATURE OF SURVEYOR <i>T. Allen</i>	DATE <i>8/16/16</i>
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 6/3/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 16, 2016

Administrator
Pelican Garden, LLC
177 Empress Ave
Sebastian, FL 32958

Dear Administrator:

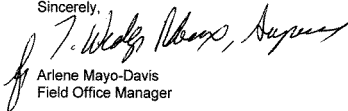
This letter reports the findings of a state licensure survey revisit conducted on August 9, 2016 by a representative of this office.

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

DT9D

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