

# STATE FORM: REVISIT REPORT

|                                                                  |                                                                                   |                               |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER<br>AL11968414 | MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                   | DATE OF REVISIT<br>12/20/2016 |
| NAME OF FACILITY<br>BRADFORD HOMELIVING LLC                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2335 SOUTEL DR<br>JACKSONVILLE, FL 32208 |                               |

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<br>Y4                                           | DATE<br>Y5 | ITEM<br>Y4                                                                                                                                                                                           | DATE<br>Y5 | ITEM<br>Y4               | DATE<br>Y5 |
|------------------------------------------------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------|------------|
| ID Prefix A0008                                      | Correction | ID Prefix A0010                                                                                                                                                                                      | Correction | ID Prefix A0052          | Correction |
| Reg. # 429.26(4-6) FS;<br>58A-5.0181(2) FAC          | Completed  | Reg. # 429.26(1&9) FS;<br>58A-5.0181(4) FAC                                                                                                                                                          | Completed  | Reg. # 58A-5.0185 (3)    | Completed  |
| LSC                                                  | 12/20/2016 | LSC                                                                                                                                                                                                  | 12/20/2016 | LSC                      | 12/20/2016 |
| ID Prefix A0053                                      | Correction | ID Prefix A0055                                                                                                                                                                                      | Correction | ID Prefix A0056          | Correction |
| Reg. # 58A-5.0185(4) FAC                             | Completed  | Reg. # 58A-5.0185(6) FAC                                                                                                                                                                             | Completed  | Reg. # 58A-5.0185(7) FAC | Completed  |
| LSC                                                  | 12/20/2016 | LSC                                                                                                                                                                                                  | 12/20/2016 | LSC                      | 12/20/2016 |
| ID Prefix A0078                                      | Correction | ID Prefix A0162                                                                                                                                                                                      | Correction | ID Prefix                | Correction |
| Reg. # 58A-5.019(2) FAC                              | Completed  | Reg. # 58A-5.024(3) FAC                                                                                                                                                                              | Completed  | Reg. #                   | Completed  |
| LSC                                                  | 12/20/2016 | LSC                                                                                                                                                                                                  | 12/20/2016 | 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<br>STATE AGENCY <input type="checkbox"/> |            | REVIEWED BY<br>(INITIALS)                                                                                                                                                                            |            | DATE                     |            |
| REVIEWED BY<br>CMS RO <input type="checkbox"/>       |            | REVIEWED BY<br>(INITIALS)                                                                                                                                                                            |            | DATE                     |            |
| FOLLOWUP TO SURVEY COMPLETED ON<br>9/12/2016         |            | <input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO |            |                          |            |



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
INTERIM SECRETARY

December 27, 2016

Administrator  
Bradford Homeliving LLC  
2335 Soutel Drive  
Jacksonville, FL 32208

Dear Administrator:

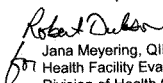
This letter reports the findings of a state licensure survey revisit conducted on December 20, 2016 by a representative of this office.

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.

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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

  
Jana Meyering, QIDP  
for Health Facility Evaluator Supervisor  
Division of Health Quality Assurance

JD/JM/sm  
Enclosure

DT9D

