RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

January 3, 2017

Administrator
Safe And Secure Respite Care, Llc
3091 Skyline Drive
Crestview, FL 32539

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on December 21, 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 surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure

DT9D

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965627	R **12/21/2016**
NAME OF PROVIDER OR SUPPLIER **SAFE AND SECURE RESPITE CARE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3091 SKYLINE DRIVE** **CRESTVIEW, FL 32539**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

On December 21, 2016 an unannounced revisit to the biennial survey, was conducted at Safe and Secure Respite Care. Previously cited deficiencies were found corrected. No deficient practice was identified at the time of this revisit.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11965627 Y1	A. Building B. Wing Y2	12/21/2016 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SAFE AND SECURE RESPITE CARE, LLC	3091 SKYLINE DRIVE CRESTVIEW, FL 32539

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 Correction Reg. # 58A-5.0185 (3) Completed LSC 11/09/2016	ID Prefix Correction Reg. # Completed LSC	ID Prefix Correction Reg. # Completed LSC
ID Prefix Correction Reg. # Completed LSC	ID Prefix Correction Reg. # Completed LSC	ID Prefix Correction Reg. # Completed LSC
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REVIEWED BY STATE AGENCY ☑	REVIEWED BY (INITIALS)	DATE 1/3/17	SIGNATURE OF SURVEYOR [signature]	DATE 1/3/17
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
11/9/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11965627 Y1	A. Building B. Wing Y2	12/21/2016 Y3

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix CZ814 Reg. # 435.12(2)(b-d), FS LSC	Correction Completed 11/09/2016	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☑	**REVIEWED BY (INITIALS)** [signature]	**DATE** 1/3/17	**SIGNATURE OF SURVEYOR** for Jene Paoli [signature]	**DATE** 1/3/17
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON 11/9/2016

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

 EVENT ID: 4R3N12