

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL11966794	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/4/2017
NAME OF FACILITY SERENITY LIFESTYLE PLUS, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 490 BRIGHTON AVE NE PALM BAY, FL 32907	

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 A0054	Correction	ID Prefix A0093	Correction
Reg. # 429.26(4-6) FS; 58A-5.0181(2) FAC	Completed	Reg. # 58A-5.0185(5) FAC	Completed	Reg. # 58A-5.020(2) FAC	Completed
LSC	01/04/2017	LSC	01/04/2017	LSC	01/04/2017
ID Prefix A0152	Correction	ID Prefix A0167	Correction	ID Prefix	Correction
Reg. # 58A-5.023(3) FAC	Completed	Reg. # 58A-5.025 FAC	Completed	Reg. #	Completed
LSC	01/04/2017	LSC	01/04/2017	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	
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
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 11/15/2016

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



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 18, 2017

Administrator
Serenity Lifestyle Plus, LLC
490 Brighton Ave Ne
Palm Bay, FL 32907

Dear Administrator:

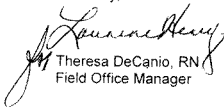
This letter reports the findings of survey revisit conducted on January 4, 2017 by representative(s) of this office.

The previously cited deficiencies were found corrected on the day of the revisit.
You will not receive a copy of the results in the mail; you will only receive this faxed or electronic letter.

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 Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

J5XD

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