AH Form Approved
10/12/2012

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11965516

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
10/11/2012

Name of Facility
HOMEWOOD RESIDENCE AT DELRAY B

Street Address, City, State, Zip Code
8020 W. ATLANTIC AVENUE
DELRAY BEACH, FL 33446

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).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0084 Reg. # 58A-5.0191(5) FAC LSC	10/11/2012	ID Prefix A0089 Reg. # 429.178 FS LSC	10/11/2012	ID Prefix A0092 Reg. # 58A-5.020(1) FAC LSC	10/11/2012
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: O. F. Smith	Date: 10/12/12	Signature of Surveyor: O. F. Smith for June Berry	Date: 10/12/12
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:
6/20/2012

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

October 12, 2012

Administrator
Homewood Residence At Delray B
8020 W. Atlantic Avenue
Delray Beach, FL 33446

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 11, 2012 by a representative from this office. Attached is the provider's copy of the Revisit Report, 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/ls
Enclosure

Headquarters
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Tallahassee, FL 32308
http://ahca.myflorida.com

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Delray Beach, FL 33484
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