

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	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0084	Correction Completed 10/11/2012	ID Prefix A0089	Correction Completed 10/11/2012	ID Prefix A0092	Correction Completed 10/11/2012
Reg. # 58A-5.0191(5) FAC		Reg. # 429.178 FS		Reg. # 58A-5.020(1) FAC	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By

State Agency

Reviewed By

CMS RO

Reviewed By

Q. Smith

Reviewed By

Date:

10/12/12

Date:

Signature of Surveyor:

Q. Smith for Julie Berry

Signature of Surveyor:

Date:

10/12/12

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

ELIZABETH DUDEK
SECRETARY

October 12, 2012

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

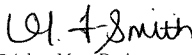
Dear Administrator:

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,


for Arlene Mayo-Davis
Field Office Manager

AMD/ls
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
<http://ahca.myflorida.com>



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Delray Beach, FL 33484
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