

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11968097	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 11/15/2012
---	--	------------------------------------

Name of Facility

RIVER VILLAS ALF, INC

Street Address, City, State, Zip Code

560 NW 1 STREET
MIAMI, FL 33128

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 A0077 Reg. # 58A-5.019(1) FAC LSC	Correction Completed 11/15/2012	ID Prefix A0079 Reg. # 58A-5.019(4) FAC LSC	Correction Completed 11/15/2012	ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed 11/15/2012
ID Prefix A0162 Reg. # 58A-5.023(3) FAC LSC	Correction Completed 11/15/2012	ID Prefix A0160 Reg. # 58A-5.024(1) FAC LSC	Correction Completed 11/15/2012	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

Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: <i>Kristal Branton</i>	Date: 11/27/2012
State Agency _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
CMS RO _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 7/24/2012	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

November 28, 2012

Administrator
River Villas Alf, Inc
560 Nw 1 Street
Miami, FL 33128

CCR#2012006117 f/u

Dear Administrator:

This letter reports the findings of a state complaint revisit survey conducted on November 15, 2012 by representative(s) of 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.

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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

J5XD

