

## State Form: Revisit Report

|                                                                       |                                                                              |                                  |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------|
| (Y1) Provider / Supplier / CLIA / Identification Number<br>AL11953222 | (Y2) Multiple Construction<br>A. Building<br>B. Wing                         | (Y3) Date of Revisit<br>2/5/2013 |
| Name of Facility<br>GREENVIEW                                         | Street Address, City, State, Zip Code<br>1701 SW 87 COURT<br>MIAMI, FL 33165 |                                  |

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 <u>A0152</u><br>Reg. # <u>58A-5.023(3) FAC</u><br>LSC _____ | Correction Completed<br><u>02/05/2013</u> | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction Completed | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction Completed |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                          | Correction Completed                      | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction Completed | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction Completed |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                          | Correction Completed                      | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction Completed | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction Completed |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                          | Correction Completed                      | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction Completed | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction Completed |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                          | Correction Completed                      | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction Completed | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction Completed |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                          | Correction Completed                      | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction Completed | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction Completed |

|                                                      |                   |                                                                                                                              |                                               |                        |
|------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------|
| Reviewed By _____                                    | Reviewed By _____ | Date: _____                                                                                                                  | Signature of Surveyor: <u>Russell Branton</u> | Date: <u>2/20/2013</u> |
| 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:<br><u>9/26/2012</u> |                   | Check for any Uncorrected Deficiencies. Was a Summary of<br>Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO |                                               |                        |

RICK SCOTT  
GOVERNOR



ELIZABETH DUDEK  
SECRETARY

February 25, 2013

Administrator  
Greenview  
1701 Sw 87 Court  
Miami, FL 33165

**CCR#2012008669 2nd f/u**

Dear Administrator:

This letter reports the findings of a state complaint 2nd revisit survey conducted on February 5, 2013 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,

Arlene Mayo-Davis  
Field Office Manager

AMD:sy  
Enclosure

J5XD

