

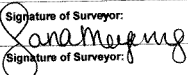
8/4/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11964515	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 8/4/2015
Name of Facility BROOKDALE ORMOND BEACH WEST		Street Address, City, State, Zip Code 240 INTERCHANGE BLVD ORMOND BEACH, FL 32174

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 A0030 Reg. # 58A-5.0182(5) FAC: 429.28 LSC	Correction Completed 08/04/2015	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: 	Date: 8/4/15
State Agency _____	Reviewed By _____	Date: _____		Date: _____
Followup to Survey Completed on: 6/30/2015	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

August 4, 2015

Administrator
Brookdale Ormond Beach West
240 Interchange Blvd
Ormond Beach, FL 32174

Dear Administrator:

This letter reports the findings of a state licensure survey desk review conducted on August 4, 2015 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the desk review.

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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JM/sm
Enclosure

DT9D

