

9/25/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11965658	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 9/23/2015
Name of Facility PALM COTTAGES OF ROCKLEDGE	Street Address, City, State, Zip Code 3821 SUNNYSIDE COURT ROCKLEDGE, FL 32955	

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
Correction Completed ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28 LSC	09/23/2015	Correction Completed ID Prefix AE210 Reg. # 58A-5.0191(7) FAC LSC	E210	Correction Completed ID Prefix Reg. # LSC	ZZZZ
Correction Completed ID Prefix Reg. # LSC	ZZZZ	Correction Completed ID Prefix Reg. # LSC	ZZZZ	Correction Completed ID Prefix Reg. # LSC	ZZZZ
Correction Completed ID Prefix Reg. # LSC	ZZZZ	Correction Completed ID Prefix Reg. # LSC	ZZZZ	Correction Completed ID Prefix Reg. # LSC	ZZZZ
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Correction Completed ID Prefix Reg. # LSC	ZZZZ	Correction Completed ID Prefix Reg. # LSC	ZZZZ	Correction Completed ID Prefix Reg. # LSC	ZZZZ

Reviewed By	Reviewed By	Date: 9/25/15	Signature of Surveyor:	Date:
State Agency	<i>Shirley J. C. Duncan</i>			
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
CMS RO				
Followup to Survey Completed on: 6/17/2015		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

September 25, 2015

Administrator
Palm Cottages Of Rockledge
3821 Sunnyside Court
Rockledge, FL 32955

RE: Revisit to ECC monitoring

Dear Administrator:

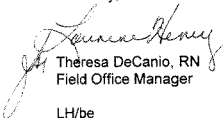
This letter reports the findings of a Extended Congregate Care state licensure survey revisit conducted on September 23, 2015 by representative(s) of this office.

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 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 Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

DT9D

