State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11953392	A. Building B. Wing	10/20/2015

Name of Facility	Street Address, City, State, Zip Code
LEE RESIDENCE	6260 GUN CLUB ROAD WEST PALM BEACH, FL 33415

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 A0010	Correction Completed 10/20/2015	ID Prefix A0054	Correction Completed 10/20/2015	ID Prefix A0056	Correction Completed 10/20/2015
Reg. # 429.26(1&9) FS; 58A-5.018 LSC		Reg. # 58A-5.0185(5) FAC LSC		Reg. # 58A-5.0185(7) FAC LSC	
ID Prefix A0078	Correction Completed 10/20/2015	ID Prefix A0081	Correction Completed 10/20/2015	ID Prefix A0161	Correction Completed 10/20/2015
Reg. # 58A-5.019(2) FAC LSC		Reg. # 58A-5.0191(2) FAC LSC		Reg. # 429.275(2) FS; 58A-5.024(2 LSC	
ID Prefix A0162	Correction Completed 10/20/2015	ID Prefix AZ815	Correction Completed 10/20/2015	ID Prefix	Correction Completed
Reg. # 58A-5.024(3) FAC LSC		Reg. # 408.809, 435.02(2), 435.06 LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
		10/20/15		10/20/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 8/17/2015

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

October 26, 2015

Administrator
Lee Residence
6260 Gun Club Road
West Palm Beach, FL 33415

RE: Relicensure Survey Revisit

Dear Administrator:

This letter reports the findings of a Relicensure survey revisit conducted on October 20, 2015 by a representative 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. **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,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

DT9D

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com