

7/17/2012

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11966707	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 7/6/2012
Name of Facility IONIE'S ASSISTED LIVING II	Street Address, City, State, Zip Code 3120 HAMMERSMITH ROAD ORLANDO, FL 32818	

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>A0009</u> Reg. # <u>58A-5.0181(3) FAC</u> LSC <u></u>	Correction Completed 07/06/2012	ID Prefix <u>A0076</u> Reg. # <u>58A-5.0186 FAC</u> LSC <u></u>	Correction Completed 07/06/2012	ID Prefix <u>A0167</u> Reg. # <u>58A-5.025(1) FAC</u> LSC <u></u>	Correction Completed 07/06/2012
ID Prefix <u>AZ815</u> Reg. # <u>408.809, 435.02(2), 435.06</u> LSC <u></u>	Correction Completed 07/06/2012	ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed	ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed
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ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed	ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed	ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed
ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed	ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed	ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed

Reviewed By _____	Reviewed By _____	Date: <u>7/17/12</u>	Signature of Surveyor: _____	Date: _____
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: 5/23/2012		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO		



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

July 17, 2012

Administrator
Ionie's Assisted Living II
3120 Hammersmith Road
Orlando, FL 32818

Dear Administrator:

RE: Revisit to Biennial w/LNS

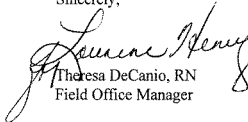
This letter reports the findings of a state licensure survey revisit conducted on July 6, 2012 by representative(s) of this office.

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 Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

JSXD

