

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11942716	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 12/6/2012
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Name of Facility WESTCHESTER OF WINTER PARK	Street Address, City, State, Zip Code 558 N. SEMORAN BLVD. WINTER PARK, FL 32792
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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>A0025</u> Reg. # <u>58A-5.0182(1) FAC</u> LSC	Correction Completed 12/06/2012	ID Prefix <u>A0076</u> Reg. # <u>58A-5.0186 FAC</u> LSC	Correction Completed 12/06/2012	ID Prefix <u>A0167</u> Reg. # <u>58A-5.025(1) FAC</u> LSC	Correction Completed 12/06/2012
ID Prefix <u>AN278</u> Reg. # <u>58A-5.031(3) FAC</u> LSC	Correction Completed 12/06/2012	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
[Signature]
Reviewed By

Date:
12/7/12
Date:

Signature of Surveyor:

Signature of Surveyor:

Date:

Date:

Followup to Survey Completed on:
10/2/2012

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

December 7, 2012

Administrator
Westchester Of Winter Park
558 N. Semoran Blvd.
Winter Park, FL 32792

Dear Administrator:

RE: Revisit to biennial w/LNS

This letter reports the findings of a state licensure survey revisit conducted on December 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. **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 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

J5XD

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
<http://ahca.myflorida.com>



Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998