

12/31/2012

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11911278	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 12/27/2012
Name of Facility FLORIDA LIVING NURSING CENTER		Street Address, City, State, Zip Code 3355 EAST SEMORAN BLVD. APOPKA, FL 32703

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>A0076</u> Reg. # <u>58A-5.0186 FAC</u> LSC _____	Correction Completed 12/27/2012	ID Prefix <u>A0078</u> Reg. # <u>58A-5.019(2) FAC</u> LSC _____	Correction Completed 12/27/2012	ID Prefix <u>A0167</u> Reg. # <u>58A-5.025(1) FAC</u> LSC _____	Correction Completed 12/27/2012
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
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ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
Reviewed By _____ State Agency _____ Reviewed By _____ CMS RO _____		Reviewed By <u>L. King</u> Date: <u>1/10/13</u> Reviewed By _____ Date: _____		Signature of Surveyor: _____ Signature of Surveyor: _____ Date: _____ Date: _____	
Followup to Survey Completed on: 9/12/2012		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

December 31, 2012

Administrator
Florida Living Nursing Center
3355 East Semoran Blvd.
Apopka, FL 32703

Dear Administrator:

RE: 2nd revisit to biennial relicensure

This letter reports the findings of a state licensure survey revisit conducted on December 27, 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

