

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11966837	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 2/28/2013
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Name of Facility AASBURY MANOR ALF	Street Address, City, State, Zip Code 5302 SATEL DR ORLANDO, FL 32810
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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 A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed 02/28/2013	ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	Correction Completed 02/28/2013	ID Prefix A0167 Reg. # 58A-5.025(1) FAC LSC	Correction Completed 02/28/2013
ID Prefix AL241 Reg. # 58A-5.029(2) FAC LSC	Correction Completed 02/28/2013	ID Prefix AL243 Reg. # 58A-5.0191(8) FAC LSC	Correction Completed 02/28/2013	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	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By _____	Reviewed By <i>[Signature]</i>	Date: 3/11/13	Signature of Surveyor: _____	Date: _____
State Agency _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
CMS RO _____	Followup to Survey Completed on: 12/3/2012	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

February 28, 2013

Administrator
Aasbury Manor Alf
5302 Satel Dr
Orlando, FL 32810

RE: Revisit to FS w/LNS & LMH

Dear Administrator:

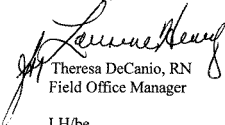
This letter reports the findings of a state licensure survey revisit conducted on February 28, 2013 by representative(s) of this office.

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

