

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11922356

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
3/7/2013

Name of Facility

MEADOWLAND GUEST HOME

Street Address, City, State, Zip Code

6767 ROUND LAKE ROAD
MOUNT DORA, FL 32757

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 A0032	Correction Completed 03/07/2013	ID Prefix A0083	Correction Completed 03/07/2013	ID Prefix A0092	Correction Completed 03/07/2013
Reg. # 58A-5.0182(6) FAC		Reg. # 58A-5.0191(4) FAC		Reg. # 58A-5.020(1) FAC	
LSC		LSC		LSC	
ID Prefix A0093	Correction Completed 03/07/2013	ID Prefix AZ815	Correction Completed 03/07/2013	ID Prefix	Correction Completed
Reg. # 58A-5.020(2) FAC		Reg. # 408.809, 435.02(2), 435.06		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

State Agency

Reviewed By

Date:

Signature of Surveyor:

Date:

CMS RO

Followup to Survey Completed on:

12/4/2012

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

March 13, 2013

Administrator
Meadowland Guest Home
6767 Round Lake Road
Mount Dora, FL 32757

Dear Administrator:

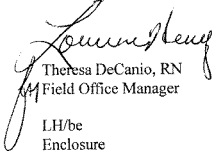
This letter reports the findings of a **state licensure survey revisit** conducted on March 7, 2013 by representative(s) of this office.

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

J5XD

