

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11964828	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 3/25/2013
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Name of Facility

IONIE'S ASSISTED LIVING

Street Address, City, State, Zip Code

3447 ALISSA COURT
ORLANDO, FL 32808

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 A0004 Reg. # 58A-5.016 FAC LSC	Correction Completed 03/25/2013	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	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
State Agency
Reviewed By
CMS RO

Reviewed By
[Signature]
Reviewed By

Date: 4/2/13
Date:

Signature of Surveyor:
Signature of Surveyor:

Date:
Date:

Followup to Survey Completed on:
8/2/2012

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

April 2, 2013

Administrator
Ionie's Assisted Living
3447 Alissa Court
Orlando, FL 32808

RE: Revisit to CCR#2012007540

Dear Administrator:

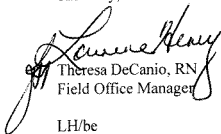
This letter reports the findings of a state licensure survey revisit conducted on March 25, 2013 by representative(s) of this office.

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/bc
Enclosure

