

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953211	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 05/13/2013
NAME OF PROVIDER OR SUPPLIER FRENCH BLOSSOMS TWO, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1782 COCONUT DRIVE VENICE, FL 34293		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000} Initial Comments	This is the follow-up to a Monitoring Review conducted on 04/29/13 for French Blossoms Two, Inc, an assisted living facility. This follow-up was conducted by desk review on 05/13/13. The citation was cleared by this follow-up.	{A 000}		

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6199

1E1012

If continuation sheet 1 of 1

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11953211

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
5/13/2013

Name of Facility

FRENCH BLOSSOMS TWO, INC

Street Address, City, State, Zip Code

1782 COCONUT DRIVE
VENICE, FL 34293

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 A0181 Reg. # 58A-5.026(2) FAC LSC	Correction Completed 05/06/2013	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
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Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
DANIEL D. HES
Reviewed By

Date:
5-13-13
Date:

Signature of Surveyor:

Signature of Surveyor:

Date:
5-13-13
Date:

Followup to Survey Completed on:

4/29/2013

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

May 13, 2013

Administrator
French Blossoms Two, Inc
1782 Coconut Drive
Venice, FL 34293

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted by desk review on May 13, 2013 by a representative 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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosures: State Form and Revisit Report

