AH Form Approved
5/31/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11965786	A. Building B. Wing	5/21/2013

Name of Facility	Street Address, City, State, Zip Code
FOUR SEASONS ALF	5080 WAYSIDE DRIVE SANFORD, FL 32771

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 A0007 Reg. # 58A-5.0181(1) FAC LSC	Correction Completed 05/21/2013	ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28 LSC	Correction Completed 05/21/2013	ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 05/21/2013
ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed 05/21/2013	ID Prefix A0082 Reg. # 58A-5.0191(3) FAC LSC	Correction Completed 05/21/2013	ID Prefix A0084 Reg. # 58A-5.0191(5) FAC LSC	Correction Completed 05/21/2013
ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	Correction Completed 05/21/2013	ID Prefix AZ815 Reg. # 408.809, 435.02(2), 435.06 LSC	Correction Completed 05/21/2013	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

Reviewed By State Agency	Reviewed By [signature]	Date: 6/4/13	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:
Followup to Survey Completed on: 1/28/2013		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES	NO

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

June 4, 2013

Administrator
Four Seasons Alf
5080 Wayside Drive
Sanford, FL 32771

RE: Revisit to LNS monitoring

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on May 21, 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. **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

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