

6/7/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11968000	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 6/5/2013
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Name of Facility
SUTTON HOMES

Street Address, City, State, Zip Code
6102 SAND PINES ESTATES BLVD
ORLANDO, FL 32819

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 06/05/2013	ID Prefix A0008 Reg. # 58A-5.0181(2) FAC LSC	Correction Completed 06/05/2013	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
[Signature]
Reviewed By

Date: 6/7/13
Date:

Signature of Surveyor:
Signature of Surveyor:

Date:
Date:

Followup to Survey Completed on:
1/15/2013

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

June 7, 2013

Administrator
Sutton Homes #8
6102 Sand Pines Estates Blvd
Orlando, FL 32819

RE: Revisit to biennial relicensure

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on June 5, 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

