

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11967298	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 5/30/2013
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Name of Facility AVALON'S ASSISTED LIVING II	Street Address, City, State, Zip Code 13230 EARLY FROST CIRCLE ORLANDO, FL 32828
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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 <u>A0004</u> Reg. # <u>58A-5.016 FAC</u> LSC <u> </u>	Correction Completed 05/30/2013	ID Prefix <u>A0010</u> Reg. # <u>58A-5.0181(4) FAC</u> LSC <u> </u>	Correction Completed 05/30/2013	ID Prefix <u>A0025</u> Reg. # <u>58A-5.0182(1) FAC</u> LSC <u> </u>	Correction Completed 05/30/2013
ID Prefix <u>A0030</u> Reg. # <u>58A-5.0182(6) FAC: 429.28</u> LSC <u> </u>	Correction Completed 05/30/2013	ID Prefix <u>A0053</u> Reg. # <u>58A-5.0185(4) FAC</u> LSC <u> </u>	Correction Completed 05/30/2013	ID Prefix <u>A0078</u> Reg. # <u>58A-5.019(2) FAC</u> LSC <u> </u>	Correction Completed 05/30/2013
ID Prefix <u>A0160</u> Reg. # <u>58A-5.024(1) FAC</u> LSC <u> </u>	Correction Completed 05/30/2013	ID Prefix <u>A0162</u> Reg. # <u>58A-5.024(3) FAC</u> LSC <u> </u>	Correction Completed 05/30/2013	ID Prefix <u> </u> Reg. # <u> </u> LSC <u> </u>	Correction Completed
ID Prefix <u> </u> Reg. # <u> </u> LSC <u> </u>	Correction Completed	ID Prefix <u> </u> Reg. # <u> </u> LSC <u> </u>	Correction Completed	ID Prefix <u> </u> Reg. # <u> </u> LSC <u> </u>	Correction Completed
ID Prefix <u> </u> Reg. # <u> </u> LSC <u> </u>	Correction Completed	ID Prefix <u> </u> Reg. # <u> </u> LSC <u> </u>	Correction Completed	ID Prefix <u> </u> Reg. # <u> </u> LSC <u> </u>	Correction Completed

Reviewed By <u> </u>	Reviewed By <u> </u>	Date: <u>6/18/13</u>	Signature of Surveyor: <u> </u>	Date: <u> </u>
State Agency <u> </u>	Reviewed By <u> </u>	Date: <u> </u>	Signature of Surveyor: <u> </u>	Date: <u> </u>
CMS RO <u> </u>				

Followup to Survey Completed on: 12/19/2012	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <u>YES</u> <u>NO</u>
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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 18, 2013

Administrator
Avalon's Assisted Living II
13230 Early Frost Circle
Orlando, FL 32828

RE: Revisit to CCR#2012013610

Dear Administrator:

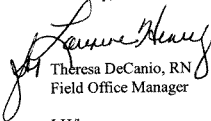
This letter reports the findings of a state licensure survey revisit conducted on May 30, 2013 by representative(s) of this office.

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 pertaining to CCR#201013610.

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

