State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11967298	A. Building B. Wing	5/30/2013

Name of Facility	Street Address, City, State, Zip Code
AVALON'S ASSISTED LIVING II	13230 EARLY FROST CIRCLE ORLANDO, FL 32828

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 05/30/2013	ID Prefix A0010 Reg. # 58A-5.0181(4) FAC LSC	Correction Completed 05/30/2013	ID Prefix A0025 Reg. # 58A-5.0182(1) FAC LSC	Correction Completed 05/30/2013
ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28 LSC	Correction Completed 05/30/2013	ID Prefix A0053 Reg. # 58A-5.0185(4) FAC LSC	Correction Completed 05/30/2013	ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 05/30/2013
ID Prefix A0160 Reg. # 58A-5.024(1) FAC LSC	Correction Completed 05/30/2013	ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed 05/30/2013	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	Date:	Signature of Surveyor:	Date:
	[signature] JCC	6/18/13		
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

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

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

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

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