

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 08/07/2013  
FORM APPROVED

|                                                                                                        |                                                                                                |                                                     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11966934</b>                      | (X3) DATE SURVEY COMPLETED<br><br><b>07/31/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>White Flowers</b>                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>801 Ardenleigh Drive<br/>Orlando, FL 32828</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                |                                                     |

**Revisit Corrected Tags:**

0030-Resident Care - Rights & Facility Procedures-07/31/2013  
0078-Staffing Standards - Staff-07/31/2013  
0090-Training - Do Not Resuscitate Orders-07/31/2013  
0161-Records - Staff-07/31/2013  
0167-Resident Contracts-07/31/2013

**(If revisit, delete corrected tags/text)**  
**Specific Tag Findings:**

0000-Initial Comments

An Unannounced revisit for the Biennial Relicensure Survey in conjunction with the revisit for complaint inspection CCR#2013000605 was conducted at White Flowers Assisted Living Facility on 7/31/13. The deficiencies were found to be corrected at the time of the revisit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

August 7, 2013

Administrator  
White Flowers  
801 Ardenleigh Drive  
Orlando, FL 32828

RE Revisit to Biennial relicensure

Dear Administrator:

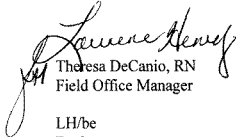
This letter reports the findings of a state licensure survey revisit conducted on July 31, 2013 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), 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

