STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967298	08/02/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Avalon's Assisted Living Ii	13230 Early Frost Circle Orlando, FL 32828	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-08/02/2013
0081-Training - Staff In-Service-08/02/2013
0082-Training - Hiv/aids-08/02/2013
0083-Training - First Aid And Cpr-08/02/2013
0085-Training - Nutrition & Food Service-08/02/2013
0093-Food Service - Dietary Standards-08/02/2013
N277-Lns - Resident Care Standards-08/02/2013
Z815-Background Screening; Prohibited Offenses-08/02/2013

Specific Tag Findings:

0000-Initial Comments
A revisit to biennial relicensure with LNS was conducted on 08/02/2013. No deificincies were identified at the time of the visit.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 7, 2013

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

RE: Revisit to FS w/LNS

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on August 2, 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

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