

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/09/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966454	(X3) DATE SURVEY COMPLETED 08/29/2013
NAME OF PROVIDER OR SUPPLIER Williams Loving Care	STREET ADDRESS, CITY, STATE, ZIP CODE 4213 Chantelle Road Orlando, FL 32808	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0052-Medication - Assistance With Self-Admin-08/29/2013
0078-Staffing Standards - Staff-08/29/2013

Specific Tag Findings:

0000-Initial Comments

An unannounced second follow up to the full survey with Limited Nursing Services on 5/6/13. First follow up on 7/18/2013 with one uncorrected citation and one new citation. Second follow up on 8/29/2013 with no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 10, 2013

Administrator
Williams Loving Care
4213 Chantelle Road
Orlando, FL 32808

RE: 2nd revisit to biennial w/LNS

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on August 29, 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

