

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/02/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967024	(X3) DATE SURVEY COMPLETED 09/20/2013
NAME OF PROVIDER OR SUPPLIER La Grande Belle	STREET ADDRESS, CITY, STATE, ZIP CODE 5898 Orchard Pond Road Tallahassee, FL 32303	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0081-Training - Staff In-Service-09/20/2013

0000-Initial Comments

On September 20, 2013 at La Grande Belle Assisted Living Facility, an unannounced revisit survey was conducted. There were no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 2, 2013

Administrator
La Grande Belle
5898 Orchard Pond Road
Tallahassee, FL 32303

Dear Administrator:

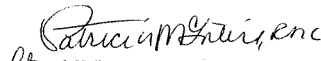
This letter reports the findings of a state licensure survey revisit conducted on September 20, 2013 by a representative of this office.

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. Should you have any questions please call me at 850-412-4540.

Sincerely,


Donald Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure

DT9D

