| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964327** | **10/14/2013** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Seminole Acres Kanlake Ii** | **3562 Seminole Road Fort Pierce, FL 34951** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**Revisit Corrected Tags:**
0026-Resident Care - Social & Leisure Activities-10/14/2013
0052-Medication - Assistance With Self-Admin-10/14/2013
0054-Medication - Records-10/14/2013
0079-Staffing Standards - Levels-10/14/2013
0093-Food Service - Dietary Standards-10/14/2013
0121-Fiscal - Accounting Procedures-10/28/2013
0152-Physical Plant - Safe Living Environ/other-10/14/2013

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 06, 2013

Administrator
Seminole Acres Kanlake II
3562 Seminole Road
Fort Pierce, FL 34951

Dear Administrator:

This letter reports the findings of a monitoring survey revisit conducted on October 14, 2013 by a representative from 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 ay 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

L. Hodges - Phoenix, Supervisor

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

DT9D

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