

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/23/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964824	(X3) DATE SURVEY COMPLETED 12/11/2013
NAME OF PROVIDER OR SUPPLIER Savannah Court Of Oviedo II	STREET ADDRESS, CITY, STATE, ZIP CODE 395 Alafaya Woods Blvd. Oviedo, FL 32765	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-12/11/2013
0032-Resident Care - Elopement Standards-12/11/2013
0084-Training - Assis Self-Admin Meds & Med Mgmt-12/11/2013
0165-Risk Mgmt & Qa; Adverse Incident Report-12/11/2013
Z815-Background Screening; Prohibited Offenses-12/11/2013

Specific Tag Findings:

0000-Initial Comments

An unannounced revisit to the Relicensure survey was conducted on 12/11/13. Savannah Court of Oviedo II had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 23, 2013

Administrator
Savannah Court Of Oviedo II
395 Alafaya Woods Blvd.
Oviedo, FL 32765

RE: Revisit to biennial relicensure

Dear Administrator:

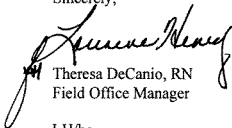
This letter reports the findings of a state licensure survey revisit conducted on December 11, 2013 by representative(s) of this office.

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

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
<http://ahca.myflorida.com>



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