

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/18/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11943002	(X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER Guardian Home Alf, Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 431 E. Airport Blvd. Sanford, FL 32773	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-12/16/2013
 0030-Resident Care - Rights & Facility Procedures-12/16/2013
 0053-Medication - Administration-12/16/2013
 0076-Do Not Resuscitate Orders (dnros)-12/16/2013
 0078-Staffing Standards - Staff-12/16/2013
 0085-Training - Nutrition & Food Service-12/16/2013
 0122-Fiscal - Personal Effects-12/16/2013
 0162-Records - Resident-12/16/2013

Specific Tag Findings:

0000-Initial Comments

An unannounced revisit to the Assisted Living Facility with Limited Nursing Services Biennial relicensure survey was conducted on 12/16/13. Guardian Home ALF had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 18, 2013

Administrator
Guardian Home Alf, LLC
431 E. Airport Blvd.
Sanford, FL 32773

RE: Revisit to biennial relicensure survey w/LNS

Dear Administrator:

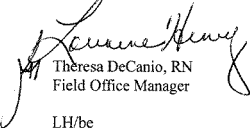
This letter reports the findings of a state licensure survey revisit conducted on December 16, 2013 by representative(s) of this office.

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.

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
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