

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/09/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11943128	(X3) DATE SURVEY COMPLETED 12/30/2013
NAME OF PROVIDER OR SUPPLIER St Mary's Home	STREET ADDRESS, CITY, STATE, ZIP CODE 718 W. Winter Park Street Orlando, FL 32804	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0007-Admissions - Criteria-12/26/2013

0008-Admissions - Health Assessment-12/26/2013

Specific Tag Findings:

0000-Initial Comments

An unannounced follow up survey to complaint inspection # 2013010746 was conducted at St. Mary's Home Adult Living Facility on 12/26/2013. No deficiencies were identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 9, 2014

Administrator
St Mary's Home
718 W. Winter Park Street
Orlando, FL 32804

RE: Revisit to CCR#2013010764

Dear Administrator:

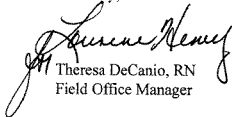
This letter reports the findings of a state licensure survey revisit conducted on December 30, 2013 by representative(s) of this office.

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

