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|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11966519</b>                    | (X3) DATE SURVEY COMPLETED<br><br><b>01/21/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Indigo Palms At Maitland</b>                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>740 North Wymore Road<br/>Maitland, FL 32751</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                              |                                                     |

**Revisit Corrected Tags:**

0053-Medication - Administration-01/21/2014

0078-Staffing Standards - Staff-01/21/2014

**Specific Tag Findings:**

0000-Initial Comments

An unannounced revisit to the relicensure survey was conducted on 1/21/14. Indigo Palms of Maitland had no deficiencies found at the time of the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 28, 2014

Administrator  
Indigo Palms At Maitland  
740 North Wymore Road  
Maitland, FL 32751

RE: Revisit to biennial relicensure w/LNS

Dear Administrator:

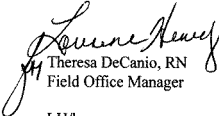
This letter reports the findings of a state licensure survey revisit conducted on January 21, 2014 by representative(s) of this office.

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

