



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 28, 2014

Administrator  
Leisure Manor ALF  
301 South Main Avenue  
Minneola, FL 34755

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on January 24, 2014 by a representative of this office. Enclosed is the provider's copy of the Revisit Report, 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. Should you have any questions please call Jasmine Hayes, Health Facility Evaluator Supervisor, at (386) 462-6201.

Sincerely,

Kriste J. Mennella  
Field Office Manager

KJM/amw

Enclosure

J5XD



AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 01/28/2014  
FORM APPROVED

|                                                                                                        |                                                                                                  |                                                     |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11910284</b>                        | (X3) DATE SURVEY COMPLETED<br><br><b>01/24/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Leisure Manor Alf</b>                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>301 South Main Avenue<br/>Minneola, FL 34755</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                  |                                                     |

**Revisit Corrected Tags:**

0084-Training - Assis Self-Admin Meds & Med Mgmt-01/24/2014  
 L242-Lmh - Responsibilities Of Facility-01/03/2014  
 L243-Lmh - Training-01/03/2014  
 N278-Lns - Records-01/03/2014  
 Z815-Background Screening; Prohibited Offenses-01/03/2014

**0000-Initial Comments**

On 01/03/2014 and 01/24/2014 a revisit to a biennial inspection survey was completed at Leisure Manor Assisted Living Facility. Deficient practice was not identified at the time of the survey.