AGENCY FOR HEALTH CARE ADMINISTRATION		
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911836	01/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Deerfoot Manor	374 Deerfoot Road Deland, FL 32720	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

Revisit Corrected Tags:
0025-Resident Care - Supervision-01/27/2014
0056-Medication - Labeling And Orders-01/27/2014
0078-Staffing Standards - Staff-01/27/2014
0092-Food Service - General Responsibilities-01/27/2014

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 5, 2014

Administrator
Deerfoot Manor
374 Deerfoot Road
DeLand, FL 32720

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on January 27, 2014 by a representative 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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Robert E. Dickson
Field Office Manager
Division of Health Quality Assurance

LW/RED/sm
Enclosure

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