

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/14/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967434	(X3) DATE SURVEY COMPLETED 02/10/2014
NAME OF PROVIDER OR SUPPLIER Orlando Lutheran Towers	STREET ADDRESS, CITY, STATE, ZIP CODE 404 Mariposa Street Orlando, FL 32801	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Conducted Complaint Inspection #210301162 in conjunction with Complaint Inspection #2013011956 on 2/10/14.

Orlando Lutheran Towers Assisted Living Facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 14, 2014

Administrator
Orlando Lutheran Towers
404 Mariposa Street
Orlando, FL 32801

Re: CCR #2013011629

Dear Administrator:

This letter reports the findings of a complaint survey completed on February 10, 2014 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

