

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/24/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964655	(X3) DATE SURVEY COMPLETED 02/20/2014
NAME OF PROVIDER OR SUPPLIER Fremont Manor	STREET ADDRESS, CITY, STATE, ZIP CODE 909 Fremont Avenue Winter Park, FL 32789	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

The biennial re-licensure survey with Limited Mental Health (LMH) was conducted on 2/20/14.

Fremont Manor had no deficiencies found at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 24, 2014

Administrator
Fremont Manor
909 Fremont Avenue
Winter Park, FL 32789

RE: Biennial relicensure w/LMH

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on February 20, 2014 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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

