

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/04/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953579	(X3) DATE SURVEY COMPLETED 03/04/2014
NAME OF PROVIDER OR SUPPLIER Smiles & Loving Care	STREET ADDRESS, CITY, STATE, ZIP CODE 1065 Garden Road Merritt Island, FL 32952	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0085-Training - Nutrition & Food Service-03/04/2014

Specific Tag Findings:

0000-Initial Comments

3/4/14 desk review completed to biennial relicensure survey. There were no deficiencies at the time of the review.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 4, 2014

Administrator
Smiles & Loving Care
1065 Garden Road
Merritt Island, FL 32952

RE: Desk review to biennial relicensure

Dear Administrator:

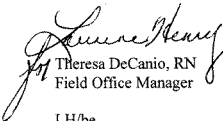
This letter reports the findings of a state licensure survey review conducted on March 4, 2014 by representative(s) of this office.

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.

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

