STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967173	03/13/2014
NAME OF PROVIDER OR SUPPLIER **Southern Lifestyle Alf Of Lake Placid**	STREET ADDRESS, CITY, STATE, ZIP CODE **1297 Us 27 North Lake Placid, FL 33852**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-03/13/2014
0078-Staffing Standards - Staff-03/13/2014
0081-Training - Staff In-Service-03/13/2014
0082-Training - Hiv/aids-03/13/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-03/13/2014
0090-Training - Do Not Resuscitate Orders-03/13/2014
0093-Food Service - Dietary Standards-03/13/2014
0165-Risk Mgmt & Qa; Adverse Incident Report-03/13/2014
N277-Lns - Resident Care Standards-03/13/2014

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 14, 2014

Administrator
Southern Lifestyle ALF of Lake Placid
1297 Us 27 North
Lake Placid, FL 33852

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on March 13, 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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form (5000-3547)

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161