STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966928	03/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Norwood Assisted Living, Inc	325 Norwood St Merritt Island, FL 32953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-03/27/2014
0030-Resident Care - Rights & Facility Procedures-03/27/2014
0052-Medication - Assistance With Self-Admin-03/27/2014
0053-Medication - Administration-03/27/2014
0078-Staffing Standards - Staff-03/27/2014
0080-Training - Core & Competency Test-03/27/2014
0081-Training - Staff In-Service-03/27/2014
0082-Training - Hiv/aids-03/27/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-03/27/2014
0085-Training - Nutrition & Food Service-03/27/2014
0086-Training - Adrd-03/27/2014
0090-Training - Do Not Resuscitate Orders-03/27/2014
0093-Food Service - Dietary Standards-03/27/2014
0162-Records - Resident-03/27/2014

Specific Tag Findings:

0000-Initial Comments

Revisit to the Relicensure Survey was conducted on 3/27/14.
Norwood Assisted Living Facility had corrected the deficiencies at the time of the visit.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 3, 2014

Administrator
Norwood Assisted Living, Inc
325 Norwood St
Merritt Island, FL 32953

RE: Revisit to biennial relicensure

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on March 27, 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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,

Lorraine Henry

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998