

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/14/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967884	(X3) DATE SURVEY COMPLETED 04/10/2014
NAME OF PROVIDER OR SUPPLIER Orchids Home	STREET ADDRESS, CITY, STATE, ZIP CODE 2960 Meadows Oaks Dr S Clearwater, FL 33761	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-04/10/2014
0081-Training - Staff In-Service-04/10/2014
0090-Training - Do Not Resuscitate Orders-04/10/2014
0152-Physical Plant - Safe Living Environ/other-04/10/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 14, 2014

Administrator
Orchids Home
2960 Meadows Oaks Dr S
Clearwater, FL 33761

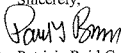
Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on April 10, 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 desk review.

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 Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Form (5000-3547)

