

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/14/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11932406	(X3) DATE SURVEY COMPLETED 04/28/2014
NAME OF PROVIDER OR SUPPLIER All Seasons Assisted Living	STREET ADDRESS, CITY, STATE, ZIP CODE 509 W. Verona Street Kissimmee, FL 34741	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0052-Medication - Assistance With Self-Admin-04/28/2014
 0056-Medication - Labeling And Orders-04/28/2014
 0078-Staffing Standards - Staff-04/28/2014
 0081-Training - Staff In-Service-04/28/2014
 0082-Training - Hiv/aids-04/28/2014
 0083-Training - First Aid And Cpr-04/28/2014
 0090-Training - Do Not Resuscitate Orders-04/28/2014
 0093-Food Service - Dietary Standards-04/28/2014
 0152-Physical Plant - Safe Living Environ/other-04/28/2014
 0161-Records - Staff-04/28/2014
 L241-Lmh - Records-04/28/2014
 Z815-Background Screening; Prohibited Offenses-04/28/2014

Specific Tag Findings:

0000-Initial Comments
 04/28/2014 Revisit was conducted.

The facility had no deficiencies found during the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 14, 2014

Administrator
All Seasons Assisted Living
509 W. Verona Street
Kissimmee, FL 34741

RE: Revisit to CHOW w/LNS/LMH

Dear Administrator:

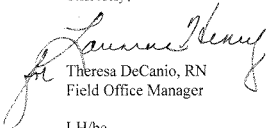
This letter reports the findings of a state licensure survey revisit conducted on April 28, 2014 by representative(s) of this office.

Attached is the provider's copy of the Revisit Report, 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,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

