STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932406	**04/28/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
All Seasons Assisted Living	**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.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

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

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Tallahassee, FL 32308
http://ahca.myflorida.com

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