

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953250	(X3) DATE SURVEY COMPLETED 06/24/2014
NAME OF PROVIDER OR SUPPLIER Homestead Retirement	STREET ADDRESS, CITY, STATE, ZIP CODE 1117 Massachusetts Avenue Saint Cloud, FL 34769	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-06/24/2014

0165-Risk Mgmt & Qa; Adverse Incident Report-06/24/2014

Specific Tag Findings:

0000-Initial Comments

6/24/2014 Revisit was conducted to CCR#2014004086. Homestead Retirement had no deficiencies found during the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 26, 2014

Administrator
Homestead Retirement
1117 Massachusetts Avenue
Saint Cloud, FL 34769

RE: Revisit to CCR#2014004086

Dear Administrator:

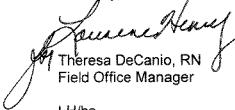
This letter reports the findings of a state licensure complaint investigation survey revisit conducted on June 24, 2014 by representative(s) of this office.

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 Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

