

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911279	(X3) DATE SURVEY COMPLETED 06/17/2014
NAME OF PROVIDER OR SUPPLIER Ann-Way Assisted Living, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 8207 Forest City Road Orlando, FL 32810	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0081-Training - Staff In-Service-06/17/2014

0162-Records - Resident-06/17/2014

0167-Resident Contracts-06/17/2014

L241-Lmh - Records-06/17/2014

Specific Tag Findings:

0000-Initial Comments

A second revisit to the Change of Ownership (CHOW) with Limited Nursing Services and Limited Mental Health survey was conducted on 06/17/2014. Ann-Way Assisted Living Facility had no deficiencies found during the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 20, 2014

Administrator
Ann-Way Assisted Living, Inc
8207 Forest City Road
Orlando, FL 32810

RE: 2nd revisit to CHOW w/LNS & LMH

Dear Administrator:

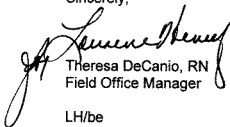
This letter reports the findings of a state licensure survey revisit conducted on June 17, 2014 by representative(s) of this office.

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,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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