

|                                                                                                        |                                                                                                   |                                                     |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11953452</b>                         | (X3) DATE SURVEY COMPLETED<br><br><b>05/29/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Apopka Retirement Centre</b>                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>750 South Alabama Avenue<br/>Apopka, FL 32703</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                   |                                                     |

**Revisit Corrected Tags:**

0030-Resident Care - Rights & Facility Procedures-05/29/2014

0052-Medication - Assistance With Self-Admin-05/29/2014

0091-Training - Documentation & Monitoring-05/29/2014

**Specific Tag Findings:**

0000-Initial Comments

A revisit for the Relicensure Survey including Limited Mental Health was conducted on 5/29/14. Apopka Retirement Centre Assisted Living Facility had corrected the deficiencies at the time of the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

July 1, 2014

Administrator  
Apopka Retirement Centre  
750 South Alabama Avenue  
Apopka, FL 32703

RE: Revisit to biennial relicensure w/LNS/LMH

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on May 29, 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

Orlando Field Office  
400 W. Robinson St., Suite S-309  
Orlando, FL 32801  
Phone: (407) 420-2502; Fax: (407) 245-0998  
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida  
Youtube.com/AHCAFlorida  
Twitter.com/AHCA\_FL  
SlideShare.net/AHCAFlorida