STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968271	07/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Anne's Home Alf Inc	955 Tuskawilla Rd Winter Springs, FL 32708	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0030-Resident Care - Rights & Facility Procedures-07/15/2014
0052-Medication - Assistance With Self-Admin-07/15/2014
0053-Medication - Administration-07/15/2014
0078-Staffing Standards - Staff-07/15/2014
0081-Training - Staff In-Service-07/15/2014
0082-Training - Hiv/aids-07/15/2014
0091-Training - Documentation & Monitoring-07/15/2014
0093-Food Service - Dietary Standards-07/15/2014
0161-Records - Staff-07/15/2014
0167-Resident Contracts-07/15/2014

Specific Tag Findings:
0000-Initial Comments
Revisit to the biennial relicensure survey was conducted on 7/15/14. Anne's Home Assisted Living Facility, Incorporated had no deficiencies found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 18, 2014

Administrator
Anne's Home Alf Inc
955 Tuskawilla Rd
Winter Springs, FL 32708

RE: Revisit to biennial relicensure

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on July 15, 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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