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|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br>AL11964280                           | (X3) DATE SURVEY COMPLETED<br><br>07/08/2014 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Forest Lake Manor                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>252 Forest Lake Blvd<br>Daytona Beach, FL 32119 |                                              |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                              |                                              |

**Revisit Corrected Tags:**

0025-Resident Care - Supervision-07/08/2014  
 0030-Resident Care - Rights & Facility Procedures-07/08/2014  
 0079-Staffing Standards - Levels-07/08/2014  
 0152-Physical Plant - Safe Living Environ/other-07/08/2014



RICK SCOTT  
GOVERNOR  
ELIZABETH DUDEK  
SECRETARY

July 16, 2014

Administrator  
Forest Lake Manor  
252 Forest Lake Blvd.  
Daytona Beach, FL 32119

Dear Administrator:

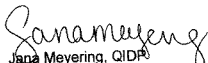
This letter reports the findings of a state licensure survey revisit conducted on July 8, 2014 by a representative of this office.

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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

  
Jana Meyering, QIDP  
Health Facility Evaluator Supervisor  
Division of Health Quality Assurance

NH/JM/sm  
Enclosure

