

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967329	(X3) DATE SURVEY COMPLETED 07/24/2014
NAME OF PROVIDER OR SUPPLIER Joan's Villa Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 5907 Ingram Road Apopka, FL 32703	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-07/24/2014
 0030-Resident Care - Rights & Facility Procedures-07/24/2014
 0076-Do Not Resuscitate Orders (dnros)-07/24/2014
 0078-Staffing Standards - Staff-07/24/2014
 0084-Training - Assis Self-Admin Meds & Med Mgmt-07/24/2014
 0090-Training - Do Not Resuscitate Orders-07/24/2014
 0093-Food Service - Dietary Standards-07/24/2014
 0161-Records - Staff-07/24/2014
 0167-Resident Contracts-07/24/2014

Specific Tag Findings:

0000-Initial Comments

Revisit to biennial re-licensure survey with Extended Congregate Care and Limited Nursing Services conducted on 7/24/14. Joan's Villa had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 28, 2014

Administrator
Joan's Villa ALF
5907 Ingram Road
Apopka, FL 32703

RE: Revisit to biennial relicensure

Dear Administrator:

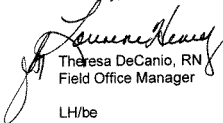
This letter reports the findings of a state licensure survey revisit conducted on July 24, 2014 by representative(s) of this office.

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. **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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