

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966600	(X3) DATE SURVEY COMPLETED 07/23/2014
NAME OF PROVIDER OR SUPPLIER Transformation Assisted Living	STREET ADDRESS, CITY, STATE, ZIP CODE 1963 Continental Blvd Orlando, FL 32808	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0078-Staffing Standards - Staff-07/23/2014

0084-Training - Assis Self-Admin Meds & Med Mgmt-07/23/2014

Specific Tag Findings:

0000-Initial Comments

7/23/14 desk review completed to LNS monitoring visit. There were no deficiencies at the time of the review.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 28, 2014

Administrator
Transformation Assisted Living
1963 Continental Blvd
Orlando, FL 32808

RE: Desk review to LNS monitoring

Dear Administrator:

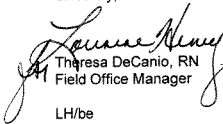
This letter reports the findings of a state licensure survey revisit conducted on July 23, 2014 by representative(s) of this office.

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

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