

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967434	(X3) DATE SURVEY COMPLETED 09/17/2014
NAME OF PROVIDER OR SUPPLIER Orlando Lutheran Towers	STREET ADDRESS, CITY, STATE, ZIP CODE 404 Mariposa Street Orlando, FL 32801	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0078-Staffing Standards - Staff-09/17/2014

0091-Training - Documentation & Monitoring-09/17/2014

Initial Comments

Revisit to the Extended Congregate Care (ECC) monitoring visit was conducted on 9/17/14, in conjunction with the biennial relicensure survey. Orlando Lutheran Towers Assisted Living Facility with ECC had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

October 8, 2014

Administrator
Orlando Lutheran Towers
404 Mariposa Street
Orlando, FL 32801

Dear Administrator:

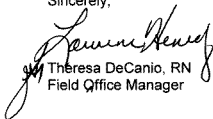
This letter reports the findings of a state licensure survey revisit conducted on September 17, 2014 by representative(s) of this office.

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

TDC:clr
Enclosure

