STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911279	**09/15/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ann-Way Assisted Living, Inc	**8207 Forest City Road Orlando, FL 32810**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments
Complaint investigations #2014006704 and # 2014005503 were conducted on 9/15/14. Ann Way Assisted Living Facility had deficiencies found at the time of the visit.

Refer event EOXR11.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 13, 2014

Administrator
Ann-Way Assisted Living, Inc
8207 Forest City Road
Orlando, FL 32810

RE: CCR #2014006704

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 15, 2014 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this complaint investigation survey. However, deficiencies were cited on an additional survey done on this date.

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 contact Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
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SlideShare.net/AHCAFlorida

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 13, 2014

Ms. Estreneta Cammock
Right Spirit ALF
3368 Merchant Terrace
Dletona, FL 32738

CONFIDENTIAL
RE: CCR# 2014006704

Dear Ms. Cammock:

Representative(s) from the Agency for Health Care Administration (AHCA) completed an unannounced visit at Ann-Way Assisted Living, Inc on September 15, 2014. While at the facility, our staff thoroughly reviewed your concerns. The representative(s) observed care, interviewed resident(s)/patient(s) and staff, as well as completed medical chart reviews.

The representative(s) found that rules and laws were violated at the time of our visit **[that were unrelated to your concerns]**. The facility received a statement of deficiencies and will be required to correct the deficiencies.

Thank you for bringing your concerns to our attention. Inspection results will be available in approximately 45 days at http://apps.ahca.myflorida.com/dm_web or, if unavailable online, directions on how to obtain a copy of the report are included on the website as well. Your feedback is important to us and we invite you to complete a survey at http://tinyurl.com/ahcasurvey.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be

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