STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911315	10/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sand Point Senior Living	1800 Harrison Street Titusville, FL 32780	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-10/22/2014
0010-Admissions - Continued Residency-10/22/2014
0025-Resident Care - Supervision-10/22/2014
0078-Staffing Standards - Staff-10/22/2014
0081-Training - Staff In-Service-10/22/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-10/22/2014
0090-Training - Do Not Resuscitate Orders-10/22/2014
0160-Records - Facility-10/22/2014
N277-Lns - Resident Care Standards-10/22/2014
Z815-Background Screening; Prohibited Offenses-10/22/2014

Specific Tag Findings:
0000-Initial Comments
A revisit survey was conducted 10/22/14. Sand Point Assisted Living Facility had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 22, 2014

Administrator
Sand Point Senior Living
1800 Harrison Street
Titusville, FL 32780

RE: Revisit to biennial relicensure w/LNS

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 22, 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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