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|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br>AL11911315                        | (X3) DATE SURVEY COMPLETED<br><br>10/22/2014 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Sand Point Senior Living                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1800 Harrison Street<br>Titusville, FL 32780 |                                              |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(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:

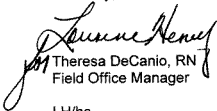
This letter reports the findings of a state licensure survey revisit conducted on October 22, 2014 by representative(s) of this office.

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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