STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911313	10/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alabama Oaks Of Winter Park	1759 Alabama Drive Winter Park, FL 32789	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-10/29/2014
0009-Admissions - Admission Package-10/29/2014
0010-Admissions - Continued Residency-10/29/2014
0078-Staffing Standards - Staff-10/29/2014
0081-Training - Staff In-Service-10/29/2014
0083-Training - First Aid And Cpr-10/29/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-10/29/2014
0092-Food Service - General Responsibilities-10/29/2014
0162-Records - Resident-10/29/2014

Specific Tag Findings:
0000-Initial Comments
A revisit to the re-licensure survey was conducted on 10/29/14. Alabama Oaks of Winter Park had no deficiencies found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 30, 2014

Administrator
Alabama Oaks Of Winter Park
1759 Alabama Drive
Winter Park, FL 32789

RE: Revisit to biennial relicensure

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 29, 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,

Lorraine Henry

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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