

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966707	(X3) DATE SURVEY COMPLETED 10/31/2014
NAME OF PROVIDER OR SUPPLIER lonie's Assisted Living ll	STREET ADDRESS, CITY, STATE, ZIP CODE 3120 Hammersmith Road Orlando, FL 32818	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0078-Staffing Standards - Staff-10/31/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-10/31/2014
0161-Records - Staff-10/31/2014
N277-Lns - Resident Care Standards-10/31/2014

Specific Tag Findings:

0000-Initial Comments

A revisit to the Limited Nursing Services survey was conducted at lonie's Assisted Living at 3120 Hammersmith Road, Orlando, FL 32818 on 10/31/14. The Assisted Living Facility (ALF) had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 31, 2014

Administrator
Ionie's Assisted Living II
3120 Hammersmith Road
Orlando, FL 32818

RE: Revisit to LNS survey

Dear Administrator:

This letter reports the findings of a state licensure LNS survey revisit conducted on October 31, 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,

A handwritten signature in black ink, appearing to read "Theresa DeCanio", is written over the typed name and title.

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

