



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 5, 2014

Administrator
Orlando Ivy Court
8015 Pin Oak Dr.
Orlando, FL 32819

RE: Revisit to LNS

Dear Administrator:

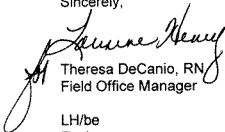
This letter reports the findings of a state licensure survey revisit conducted on November 4, 2014 by representative(s) of this office.

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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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964948	(X3) DATE SURVEY COMPLETED 11/04/2014
NAME OF PROVIDER OR SUPPLIER Orlando Ivy Court	STREET ADDRESS, CITY, STATE, ZIP CODE 8015 Pin Oak Dr. Orlando, FL 32819	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0083-Training - First Aid And Cpr-11/04/2014

Specific Tag Findings:

0000-Initial Comments

The Revisit for the Limited Nursing Services Monitoring was conducted on 11/4/14.
Orlando Ivy Court Assisted Living Facility had no deficiencies found at the time of the visit.