

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965786	(X3) DATE SURVEY COMPLETED 11/25/2014
NAME OF PROVIDER OR SUPPLIER Four Seasons Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 5080 Wayside Drive Sanford, FL 32771	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0010-Admissions - Continued Residency-11/25/2014

0025-Resident Care - Supervision-11/25/2014

0053-Medication - Administration-11/25/2014

Specific Tag Findings:

0000-Initial Comments

Second revisit to complaint inspection#2014005107 and the Limit Nursing Service Monitoring was conducted on 11/25/14. Four Seasons Assisted Living Facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 3, 2014

Administrator
Four Seasons Alf
5080 Wayside Drive
Sanford, FL 32771

2nd revisit to CCR#2014005107

Dear Administrator:

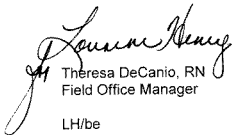
This letter reports the findings of a state licensure complaint survey revisit conducted on November 25, 2014 by representative(s) of this office.

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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