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|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11967818</b>                      | (X3) DATE SURVEY COMPLETED<br><br><b>12/08/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Sincerity</b>                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>2853 Abington Avenue<br/>Orlando, FL 32826</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                |                                                     |

**Revisit Corrected Tags:**

0008-Admissions - Health Assessment-12/08/2014  
 0032-Resident Care - Elopement Standards-12/08/2014  
 0081-Training - Staff In-Service-12/08/2014  
 0082-Training - Hiv/aids-12/08/2014  
 0083-Training - First Aid And Cpr-12/08/2014  
 0090-Training - Do Not Resuscitate Orders-12/08/2014  
 0152-Physical Plant - Safe Living Environ/other-12/08/2014  
 0161-Records - Staff-12/08/2014  
 0165-Risk Mgmt & Qa; Adverse Incident Report-12/08/2014  
 Z815-Background Screening; Prohibited Offenses-12/08/2014

**Specific Tag Findings:**

0000-Initial Comments  
 12/8/14 Revisit completed to CCR#2014007294. There were no deficiencies at the time of the revisit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 12, 2014

Administrator  
Sincerity  
2853 Abington Avenue  
Orlando, FL 32826

RE: Revisit to CCR#2014007294

Dear Administrator:

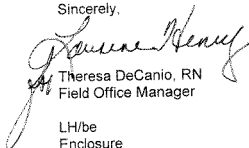
This letter reports the findings of a state licensure complaint investigation survey revisit conducted on December 8, 2014 by representative(s) of this office.

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,

  
Theresa DeCanio, RN  
Field Office Manager

LH/be  
Enclosure

