

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968390	(X3) DATE SURVEY COMPLETED 12/08/2014
NAME OF PROVIDER OR SUPPLIER Merlox Haven Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 3151 Granada Blvd Kissimmee, FL 34746	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-12/08/2014
 0052-Medication - Assistance With Self-Admin-12/08/2014
 0055-Medication - Storage And Disposal-12/08/2014
 0078-Staffing Standards - Staff-12/08/2014
 0090-Training - Do Not Resuscitate Orders-12/08/2014
 0091-Training - Documentation & Monitoring-12/08/2014
 0093-Food Service - Dietary Standards-12/08/2014
 0161-Records - Staff-12/08/2014
 0162-Records - Resident-12/08/2014
 0167-Resident Contracts-12/08/2014

Specific Tag Findings:

0000-Initial Comments

A revisit survey was conducted on 12/08/2014. Merlox Haven Assisted Living Facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 16, 2014

Administrator
Merlox Haven LLC
3151 Granada Blvd
Kissimmee, FL 34746

RE: Revisit to FS w/LNS

Dear Administrator:

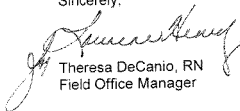
This letter reports the findings of a state licensure survey revisit conducted on December 8, 2014 by representative(s) of this office.

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. **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

