STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911229	12/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Winter Park Towers	1111 S. Lakemont Avenue Winter Park, FL 32792	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0078-Staffing Standards - Staff-12/16/2014
0081-Training - Staff In-Service-12/16/2014
0090-Training - Do Not Resuscitate Orders-12/16/2014
0091-Training - Documentation & Monitoring-12/16/2014
E210-Ecc - Training-12/16/2014
Z815-Background Screening; Prohibited Offenses-12/16/2014

Specific Tag Findings:
0000-Initial Comments
The Extended Congregate Care Monitoring revisit in conjunction with the abbreviated re-licensure Survey including Extended Congregate Care was conducted on 12/16/14. Winter Park Towers Assisted Living Facility had no deficiencies found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 18, 2014

Administrator
Winter Park Towers
1111 S. Lakemont Avenue
Winter Park, FL 32792

RE: Revisit to ECC monitoring

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on December 16, 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

DT9D

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