STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967903	**12/17/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
All Seniors Assisted Living	**2706 Pioneer Road Orlando, FL 32808**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0078-Staffing Standards - Staff-12/17/2014
0081-Training - Staff In-Service-12/17/2014

Specific Tag Findings:
0000-Initial Comments
12/17/14 desk review completed to Limited Nursing Services (LNS) monitoring. There were no deficiencies at the time of the review.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 17, 2014

Administrator
All Seniors Assisted Living
2706 Pioneer Road
Orlando, FL 32808

RE: Desk review to LNS monitoring

Dear Administrator:

This letter reports the findings of a state licensure LNS survey review conducted on December 17, 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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