STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966934	01/22/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
White Flowers	801 Ardenleigh Drive Orlando, FL 32828	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0030-Resident Care - Rights & Facility Procedures-01/22/2015
0084-Training - Assis Self-Admin Meds & Med Mgmt-01/22/2015
0091-Training - Documentation & Monitoring-01/22/2015
Z815-Background Screening; Prohibited Offenses-01/22/2015

Specific Tag Findings:
0000-Initial Comments
A revisit was conducted on 01/22/2015. White Flowers Assisted Living had no deficiencies found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 27, 2015

Administrator
White Flowers
801 Ardenleigh Drive
Orlando, FL 32828

RE: Revisit to #2014006511

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey revisit conducted on January 22, 2015 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

DT9D

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

Hand Delivered
11/17/2014

November 17, 2014

Administrator
White Flowers
801 Ardenleigh Drive
Orlando, FL 32828

RE: CCR#2014006511

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey that was conducted on September 26, 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **12/17/2014** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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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SlideShare.net/AHCAFlorida

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2014

White Flowers
801 Ardenleigh Drive
Orlando, FL 32828
Attention: Blanca Flores, Administrator

Dear Ms. Flores:

This letter reports the findings of a a complaint inspection (CCR#2014006511) conducted on 9/23/14, by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within **five business days** of receipt of this hand delivered report.

The inspection resulted in findings of non-compliance in the following areas:

1) A0030 - Resident Care - Rights & Facility Procedures Class II
The Assisted Living Facility administrator and staff failed to protect the rights of the residents of the facility to live in a safe environment free from abuse and did not conduct a thorough investigation of alleged abuse. This had the potential of leaving the resident at harm.

Your facility must comply with the following:

1) Your facility must conducted a thorough investigation of the alleged abuse that was reported. A copy of the investigation along with all supportive documentation must be available for AHCA staff to review. This must be completed within **5 calendar days** from the date of this letter.

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

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White Flowers
November 6, 2014

Should you have any questions, please call Ms. Lorraine Henry, Assisted Living Supervisor Orlando, at (407) 420-2534.

Sincerely,

Lorraine Henry
Health Facility Evaluator Supervisor

LH/be

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Orlando Field Office
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