STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968413	01/29/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Plantation Oaks Senior Living	9309 S Orange Blossom Trail Orlando, FL 32837	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0025-Resident Care - Supervision-01/29/2015
0032-Resident Care - Elopement Standards-01/29/2015
0056-Medication - Labeling And Orders-01/29/2015
0078-Staffing Standards - Staff-01/29/2015
0081-Training - Staff In-Service-01/29/2015
0086-Training - Adrd-01/29/2015
0090-Training - Do Not Resuscitate Orders-01/29/2015
0152-Physical Plant - Safe Living Environ/other-01/29/2015
0162-Records - Resident-01/29/2015
Z821-Reporting Requirements; Electronic Submission-01/29/2015
Z827-Unlicensed Activity-01/29/2015

Specific Tag Findings:
0000-Initial Comments
A revisit was conducted on 1/29/2015. Plantation Oaks Senior Living had no deficiencies found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 9, 2015

Administrator
Plantation Oaks Senior Living
9309 S Orange Blossom Trail
Orlando, FL 32837

RE: Revisit to biennial relicensure

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on January 29, 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. **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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