

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11942983	(X3) DATE SURVEY COMPLETED 03/05/2015
NAME OF PROVIDER OR SUPPLIER Aiden Springs	STREET ADDRESS, CITY, STATE, ZIP CODE 5520 Howell Branch Road Winter Park, FL 32792	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-03/05/2015
 0052-Medication - Assistance With Self-Admin-03/05/2015
 0055-Medication - Storage And Disposal-03/05/2015
 0090-Training - Do Not Resuscitate Orders-03/05/2015
 0152-Physical Plant - Safe Living Environ/other-03/05/2015

Specific Tag Findings:

0000-Initial Comments

A revisit to the re-licensure survey was conducted on 3/5/15. Aiden Springs had deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 6, 2015

Administrator
Aiden Springs
5520 Howell Branch Road
Winter Park, FL 32792

RE: Revisit to biennial relicensure

Dear Administrator:

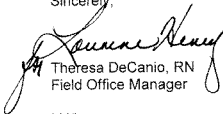
This letter reports the findings of a state licensure survey revisit conducted on March 5, 2015 by representative(s) of this office.

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

DT90

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