

|                                                                                                        |                                                                                                      |                                                     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11965123</b>                            | (X3) DATE SURVEY COMPLETED<br><br><b>03/02/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Laurelwood Assisted Living Facility,<br/>Inc</b>                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1851 West Ten Mile Road<br/>Cantonment, FL 32533</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                      |                                                     |

**Revisit Corrected Tags:**

0008-Admissions - Health Assessment-03/02/2015

0090-Training - Do Not Resuscitate Orders-03/02/2015

0162-Records - Resident-03/02/2015

**0000-Initial Comments**

On 3/2/15, an unannounced follow up survey was conducted at Laurelwood Assisted Living Facility. The facility had no deficiencies at the time of the survey.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 9, 2015

Administrator  
Laurelwood Assisted Living Facility, Inc  
1851 West Ten Mile Road  
Cantonment, FL 32533

Dear Administrator:

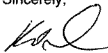
This letter reports the findings of a state licensure survey revisit conducted on March 2, 2015 by representative(s) of this office.

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 me at 850-412-4540.

Sincerely,

  
Donah Heiberg, M.S.W.  
Field Office Manager

DH/kb  
Enclosure

DT90

