

4/22/2015

## State Form: Revisit Report

|                                                                       |                                                      |                                  |
|-----------------------------------------------------------------------|------------------------------------------------------|----------------------------------|
| (Y1) Provider / Supplier / CLIA / Identification Number<br>AL11968473 | (Y2) Multiple Construction<br>A. Building<br>B. Wing | (Y3) Date of Revisit<br>4/8/2015 |
|-----------------------------------------------------------------------|------------------------------------------------------|----------------------------------|

Name of Facility

ANGELS TOUCH ASSISTED LIVING

Street Address, City, State, Zip Code

48 E OAK ST  
APOPKA, FL 32703

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

| (Y4) Item                      | (Y5) Date                          | (Y4) Item                      | (Y5) Date                          | (Y4) Item       | (Y5) Date            |
|--------------------------------|------------------------------------|--------------------------------|------------------------------------|-----------------|----------------------|
| ID Prefix <u>A0078</u>         | Correction Completed<br>04/08/2015 | ID Prefix <u>A0081</u>         | Correction Completed<br>04/08/2015 | ID Prefix _____ | Correction Completed |
| Reg. # <u>58A-5.019(2) FAC</u> | 0078                               | Reg. # <u>58A-5.019(2) FAC</u> | 0081                               | Reg. # _____    | ZZZZ                 |
| LSC _____                      |                                    | LSC _____                      |                                    | LSC _____       |                      |
| ID Prefix _____                | Correction Completed               | ID Prefix _____                | Correction Completed               | ID Prefix _____ | Correction Completed |
| Reg. # _____                   | ZZZZ                               | Reg. # _____                   | ZZZZ                               | Reg. # _____    | ZZZZ                 |
| LSC _____                      |                                    | LSC _____                      |                                    | LSC _____       |                      |
| ID Prefix _____                | Correction Completed               | ID Prefix _____                | Correction Completed               | ID Prefix _____ | Correction Completed |
| Reg. # _____                   | ZZZZ                               | Reg. # _____                   | ZZZZ                               | Reg. # _____    | ZZZZ                 |
| LSC _____                      |                                    | LSC _____                      |                                    | LSC _____       |                      |
| ID Prefix _____                | Correction Completed               | ID Prefix _____                | Correction Completed               | ID Prefix _____ | Correction Completed |
| Reg. # _____                   | ZZZZ                               | Reg. # _____                   | ZZZZ                               | Reg. # _____    | ZZZZ                 |
| LSC _____                      |                                    | LSC _____                      |                                    | LSC _____       |                      |
| ID Prefix _____                | Correction Completed               | ID Prefix _____                | Correction Completed               | ID Prefix _____ | Correction Completed |
| Reg. # _____                   | ZZZZ                               | Reg. # _____                   | ZZZZ                               | Reg. # _____    | ZZZZ                 |
| LSC _____                      |                                    | LSC _____                      |                                    | LSC _____       |                      |

|                                               |                                                                                                                              |             |                              |             |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------|-------------|
| Reviewed By _____                             | Reviewed By _____                                                                                                            | Date: _____ | Signature of Surveyor: _____ | Date: _____ |
| State Agency _____                            | <i>Angela I. Decaria</i>                                                                                                     | 4/22/15     |                              |             |
| Reviewed By _____                             | Reviewed By _____                                                                                                            | Date: _____ | Signature of Surveyor: _____ | Date: _____ |
| CMS RO _____                                  |                                                                                                                              |             |                              |             |
| Followup to Survey Completed on:<br>3/19/2015 | Check for any Uncorrected Deficiencies. Was a Summary of<br>Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO |             |                              |             |



RICK SCOTT  
GOVERNOR  
ELIZABETH DUDEK  
SECRETARY

April 22, 2015

Administrator  
Angels Touch Assisted Living  
48 E Oak St  
Apopka, FL 32703

RE: Revisit to biennial relicensure

Dear Administrator:

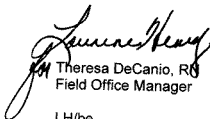
This letter reports the findings of a state licensure survey revisit conducted on April 8, 2015 by representative(s) of this office.

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, RO  
Field Office Manager

LH/be  
Enclosure

DT9D

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