

4/27/2015

## State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /  
Identification Number  
AL11968000(Y2) Multiple Construction  
A. Building  
B. Wing(Y3) Date of Revisit  
4/23/2015

Name of Facility

SUTTON HOMES

Street Address, City, State, Zip Code

6102 SAND PINES ESTATES BLVD  
ORLANDO, FL 32819

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 A0052                  | Correction<br>Completed<br>04/23/2015 | ID Prefix A0076                  | Correction<br>Completed<br>04/23/2015 | ID Prefix A0078                | Correction<br>Completed<br>04/23/2015 |
| Reg. # 58A-5.0185(3) FAC<br>LSC  |                                       | Reg. # 58A-5.0186 FAC<br>LSC     |                                       | Reg. # 58A-5.019(2) FAC<br>LSC |                                       |
| ID Prefix A0090                  | Correction<br>Completed<br>04/23/2015 | ID Prefix A0091                  | Correction<br>Completed<br>04/23/2015 | ID Prefix A0093                | Correction<br>Completed<br>04/23/2015 |
| Reg. # 58A-5.0191(11) FAC<br>LSC |                                       | Reg. # 58A-5.0191(12) FAC<br>LSC |                                       | Reg. # 58A-5.020(2) FAC<br>LSC |                                       |
| ID Prefix A0167                  | Correction<br>Completed<br>04/23/2015 | ID Prefix AZ827                  | Correction<br>Completed<br>04/23/2015 | ID Prefix                      | Correction<br>Completed               |
| Reg. # 58A-5.025 FAC<br>LSC      |                                       | Reg. # 408.812, FS<br>LSC        |                                       | Reg. #<br>LSC                  |                                       |
| ID Prefix                        | Correction<br>Completed               | ID Prefix                        | Correction<br>Completed               | ID Prefix                      | Correction<br>Completed               |
| Reg. #<br>LSC                    |                                       | Reg. #<br>LSC                    |                                       | Reg. #<br>LSC                  |                                       |
| ID Prefix                        | Correction<br>Completed               | ID Prefix                        | Correction<br>Completed               | ID Prefix                      | Correction<br>Completed               |
| Reg. #<br>LSC                    |                                       | Reg. #<br>LSC                    |                                       | Reg. #<br>LSC                  |                                       |

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

State Agency

Reviewed By

Date:

Signature of Surveyor:

Date:

Reviewed By

CMS RO

Followup to Survey Completed on:

2/2/2015

Check for any Uncorrected Deficiencies. Was a Summary of  
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES

NO



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

April 30, 2015

Administrator  
Sutton Homes  
6102 Sand Pines Estates Blvd  
Orlando, FL 32819

RE: Revisit to biennial relicensure

Dear Administrator:

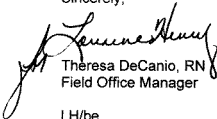
This letter reports the findings of a state licensure survey revisit conducted on April 23, 2015 by representative(s) of this office.

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

DT9D

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