

5/1/2015

## State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /  
Identification Number  
AL11910117(Y2) Multiple Construction  
A. Building  
B. Wing(Y3) Date of Revisit  
4/27/2015

Name of Facility

HARMONY RETIREMENT LIVING, INC

Street Address, City, State, Zip Code

1411 EL PASO AVENUE  
ORLANDO, FL 32806

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 A0079<br>Reg. # 58A-5.019(3) FAC<br>LSC | Correction<br>Completed<br>04/27/2015 | ID Prefix AL243<br>Reg. # 429.075(1) FS: 58A-5.019(1)<br>LSC | Correction<br>Completed<br>04/27/2015 | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed |
| ID Prefix<br>Reg. #<br>LSC                        | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC                                   | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed |
| ID Prefix<br>Reg. #<br>LSC                        | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC                                   | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed |
| ID Prefix<br>Reg. #<br>LSC                        | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC                                   | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed |
| ID Prefix<br>Reg. #<br>LSC                        | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC                                   | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed |
| ID Prefix<br>Reg. #<br>LSC                        | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC                                   | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed |

Reviewed By  
State Agency  
Reviewed By  
CMS ROReviewed By  
*[Signature]*  
Reviewed ByDate: 5/14/15  
Date:Signature of Surveyor:  
Signature of Surveyor:Date:  
Date:

Followup to Survey Completed on:

3/18/2015

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

May 4, 2015

Administrator  
Harmony Retirement Living, Inc  
1411 El Paso Avenue  
Orlando, FL 32806

RE: Revisit to ECC monitoring

Dear Administrator:

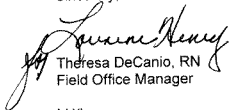
This letter reports the findings of a state licensure survey revisit conducted on April 27, 2015 by representative(s) of this office.

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

Orlando Field Office  
400 W. Robinson St., Suite S-309  
Orlando, FL 32801  
Phone: (407) 420-2502; Fax: (407) 245-0998  
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida  
Youtube.com/AHCAFlorida  
Twitter.com/AHCA\_FL  
SlideShare.net/AHCAFlorida