

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11968413	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 6/8/2015
Name of Facility PLANTATION OAKS SENIOR LIVING	Street Address, City, State, Zip Code 9309 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32837	

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 A0165 Reg. # 429.23(1-4 & 6-10) FS: 58A LSC	Correction Completed 06/08/2015	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency Reviewed By CMS RO	Reviewed By <i>[Signature]</i> Reviewed By	Date: 6/11/15 Date:	Signature of Surveyor: Signature of Surveyor:	Date: Date:
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Followup to Survey Completed on: 4/23/2015	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

June 11, 2015

Administrator
Plantation Oaks Senior Living
9309 S Orange Blossom Trail
Orlando, FL 32837

RE: Revisit to CCR#2015004007

Dear Administrator:

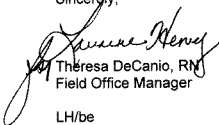
This letter reports the findings of a state licensure complaint investigation survey revisit conducted on June 8, 2015 by representative(s) of this office.

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, RN
Field Office Manager

LH/be
Enclosure

DT9D

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