

7/10/2015

## State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /  
Identification Number  
AL11967434

(Y2) Multiple Construction  
A. Building  
B. Wing

(Y3) Date of Revisit  
6/16/2015

Name of Facility

ORLANDO LUTHERAN TOWERS

Street Address, City, State, Zip Code

404 MARIPOSA STREET  
ORLANDO, FL 32801

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               |
|-------------------------|---------------------------------------|-----------|-------------------------|-----------|-------------------------|
|                         | Correction<br>Completed<br>06/16/2015 |           | Correction<br>Completed |           | Correction<br>Completed |
| ID Prefix A0152         |                                       | ID Prefix |                         | ID Prefix |                         |
| Reg. # 58A-5.023(3) FAC |                                       | Reg. #    |                         | Reg. #    |                         |
| LSC                     |                                       | LSC       |                         | LSC       |                         |
|                         | Correction<br>Completed               |           | Correction<br>Completed |           | Correction<br>Completed |
| ID Prefix               |                                       | ID Prefix |                         | ID Prefix |                         |
| Reg. #                  |                                       | Reg. #    |                         | Reg. #    |                         |
| LSC                     |                                       | LSC       |                         | LSC       |                         |
|                         | Correction<br>Completed               |           | Correction<br>Completed |           | Correction<br>Completed |
| ID Prefix               |                                       | ID Prefix |                         | ID Prefix |                         |
| Reg. #                  |                                       | Reg. #    |                         | Reg. #    |                         |
| LSC                     |                                       | LSC       |                         | LSC       |                         |
|                         | Correction<br>Completed               |           | Correction<br>Completed |           | Correction<br>Completed |
| ID Prefix               |                                       | ID Prefix |                         | ID Prefix |                         |
| Reg. #                  |                                       | Reg. #    |                         | Reg. #    |                         |
| LSC                     |                                       | LSC       |                         | LSC       |                         |
|                         | Correction<br>Completed               |           | Correction<br>Completed |           | Correction<br>Completed |
| ID Prefix               |                                       | ID Prefix |                         | ID Prefix |                         |
| Reg. #                  |                                       | Reg. #    |                         | Reg. #    |                         |
| LSC                     |                                       | LSC       |                         | LSC       |                         |
|                         | Correction<br>Completed               |           | Correction<br>Completed |           | Correction<br>Completed |
| ID Prefix               |                                       | ID Prefix |                         | ID Prefix |                         |
| Reg. #                  |                                       | Reg. #    |                         | Reg. #    |                         |
| LSC                     |                                       | LSC       |                         | LSC       |                         |

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

State Agency

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

CMS RO

Followup to Survey Completed on:

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

YES NO

3/26/2015



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

July 10, 2015

Administrator  
Orlando Lutheran Towers  
404 Mariposa Street  
Orlando, FL 32801

RE: Revisit to CCR#2015002925 w/ECC

Dear Administrator:

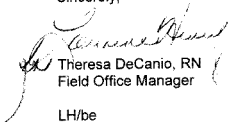
This letter reports the findings of a state licensure complaint investigation survey revisit conducted on June 16, 2015 by representative(s) of this office.

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

