State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11967024

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
7/2/2015

Name of Facility
LA GRANDE BELLE

Street Address, City, State, Zip Code
5898 ORCHARD POND ROAD
TALLAHASSEE, FL 32303

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 **A0030** Reg. # **58A-5.0182(6) FAC; 429.28** LSC	Correction Completed **07/02/2015**	ID Prefix **A0032** Reg. # **58A-5.0182(8) FAC** LSC	Correction Completed **07/02/2015**	ID Prefix **A0078** Reg. # **58A-5.019(2) FAC** LSC	Correction Completed **07/02/2015**
ID Prefix **A0083** Reg. # **58A-5.0191(4) FAC** LSC	Correction Completed **07/02/2015**	ID Prefix **A0160** Reg. # **58A-5.024(1) FAC** LSC	Correction Completed **07/02/2015**	ID Prefix **A0161** Reg. # **429.275(2) FS; 58A-5.024(2** LSC	Correction Completed **07/02/2015**
ID Prefix **A0162** Reg. # **58A-5.024(3) FAC** LSC	Correction Completed **07/02/2015**	ID Prefix **A0165** Reg. # **429.23(1-4 & 6-10) FS; 58A** LSC	Correction Completed **07/02/2015**	ID Prefix **AL241** Reg. # **58A-5.029(2) FAC** LSC	Correction Completed **07/02/2015**
ID Prefix **AL242** Reg. # **429.075(2) FS; 58A-5.029(3** LSC	Correction Completed **07/02/2015**	ID Prefix **AL243** Reg. # **429.075(1) FS; 58A-5.0191(** LSC	Correction Completed **07/02/2015**	ID Prefix **AN278** Reg. # **58A-5.031(3) FAC** LSC	Correction Completed **07/02/2015**
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency | **Reviewed By** | **Date:** | **Signature of Surveyor:** | **Date:** 7/15/15

Reviewed By CMS RO | **Reviewed By** | **Date:** | **Signature of Surveyor:** | **Date:**

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**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967024	R 07/02/2015
NAME OF PROVIDER OR SUPPLIER **LA GRANDE BELLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5898 ORCHARD POND ROAD** **TALLAHASSEE, FL 32303**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced Revisit survey was conducted at La Grande Belle in Tallahassee on 7/2/15. All deficiencies were corrected at the time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 15, 2015

Administrator
La Grande Belle
5898 Orchard Pond Road
Tallahassee, FL 32303

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on July 2, 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 me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure

DT9D

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida