

7/15/2015

## 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

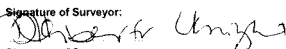
This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code 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<br>Reg. # 58A-5.0182(6) FAC: 429.28<br>LSC   | Correction<br>Completed<br>07/02/2015 | ID Prefix A0032<br>Reg. # 58A-5.0182(8) FAC<br>LSC                    | Correction<br>Completed<br>07/02/2015 | ID Prefix A0078<br>Reg. # 58A-5.019(2) FAC<br>LSC            | Correction<br>Completed<br>07/02/2015 |
| ID Prefix A0083<br>Reg. # 58A-5.0191(4) FAC<br>LSC           | Correction<br>Completed<br>07/02/2015 | ID Prefix A0160<br>Reg. # 58A-5.024(1) FAC<br>LSC                     | Correction<br>Completed<br>07/02/2015 | ID Prefix A0161<br>Reg. # 429.275(2) FS: 58A-5.024(2)<br>LSC | Correction<br>Completed<br>07/02/2015 |
| ID Prefix A0162<br>Reg. # 58A-5.024(3) FAC<br>LSC            | Correction<br>Completed<br>07/02/2015 | ID Prefix A0165<br>Reg. # 429.23(1-4 & 6-10) FS: 58A-5.0191(1)<br>LSC | Correction<br>Completed<br>07/02/2015 | ID Prefix AL241<br>Reg. # 58A-5.029(2) FAC<br>LSC            | Correction<br>Completed<br>07/02/2015 |
| ID Prefix AL242<br>Reg. # 429.075(2) FS: 58A-5.029(3)<br>LSC | Correction<br>Completed<br>07/02/2015 | ID Prefix AL243<br>Reg. # 429.075(1) FS: 58A-5.0191(1)<br>LSC         | Correction<br>Completed<br>07/02/2015 | ID Prefix AN278<br>Reg. # 58A-5.031(3) FAC<br>LSC            | Correction<br>Completed<br>07/02/2015 |
| 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               |

Reviewed By  
State Agency  
Reviewed By  
CMS RO

Reviewed By  
  
Reviewed By

Date:  
  
Date:

Signature of Surveyor:  
  
Signature of Surveyor:

Date:  
  
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

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

**PRINTED: 07/15/2015  
FORM APPROVED**

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

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

