

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11967498	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 7/16/2015
Name of Facility SWAN AT LAKE CONWAY ALF		Street Address, City, State, Zip Code 3714 ST MORITZ STREET ORLANDO, FL 32812

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 A0010 Reg. # 429.26(1&9) FS; 58A-5.018 LSC	Correction Completed 07/16/2015	ID Prefix A0030 Reg. # 58A-5.018(2)(6) FAC; 429.28 LSC	Correction Completed 07/16/2015	ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 07/16/2015
ID Prefix A0091 Reg. # 58A-5.019(1)(12) FAC LSC	Correction Completed 07/16/2015	ID Prefix Reg. # LSC	Correction Completed ZZZZ	ID Prefix Reg. # LSC	Correction Completed ZZZZ
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Reviewed By State Agency Reviewed By CMS RO	Reviewed By <i>[Signature]</i> Reviewed By <i>[Signature]</i>	Date: 7/16/2015 Date: Date:	Signature of Surveyor: Signature of Surveyor:	Date: Date: Date:
Followup to Survey Completed on: 3/17/2015		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

July 21, 2015

Administrator
Swan At Lake Conway Alf
3714 St Moritz Street
Orlando, FL 32812

RE: Desk review to relicensure

Dear Administrator:

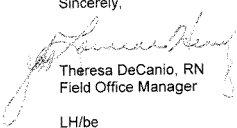
This letter reports the findings of a state licensure survey revisit conducted on July 16, 2015 by representative(s) of this office.

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

