

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11911288	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 8/5/2015
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Name of Facility

BEGGS POINTE ALF

Street Address, City, State, Zip Code

4711 BEGGS ROAD
ORLANDO, FL 32810

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	Correction Completed 08/05/2015	ID Prefix A0077	Correction Completed 08/05/2015	ID Prefix A0083	Correction Completed 08/05/2015
Reg. # 58A-5.0182(6) FAC; 429.28 LSC	0030	Reg. # 58A-5.019(1) FAC LSC	0077	Reg. # 58A-5.0191(4) FAC LSC	0083
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC	ZZZZ	Reg. # LSC	ZZZZ	Reg. # LSC	ZZZZ
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC	ZZZZ	Reg. # LSC	ZZZZ	Reg. # LSC	ZZZZ
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC	ZZZZ	Reg. # LSC	ZZZZ	Reg. # LSC	ZZZZ
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC	ZZZZ	Reg. # LSC	ZZZZ	Reg. # LSC	ZZZZ

Reviewed By

Reviewed By

Date: 8/6/15

Signature of Surveyor:

Date:

State Agency

Reviewed By

Date:

Signature of Surveyor:

Date:

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

CMS RO

Followup to Survey Completed on:

7/25/2014

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

August 6, 2015

Administrator
Beggs Pointe Alf
4711 Beggs Road
Orlando, FL 32810

RE: Revisit to CCR#2014007016

Dear Administrator:

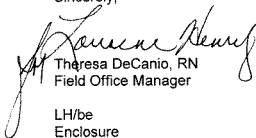
This letter reports the findings of a state licensure complaint investigation survey revisit conducted on August 5, 2015 by representative(s) of this office.

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

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com



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