

8/11/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11910126

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
8/5/2015

Name of Facility

GRAND VILLA OF ALTAMONTE SPRINGS

Street Address, City, State, Zip Code

433 ORANGE DRIVE
ALTAMONTE SPRINGS, FL 32701

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 A0025 Reg. # 58A-5.0182(1) FAC LSC	Correction Completed 08/05/2015 0025	ID Prefix A0032 Reg. # 58A-5.0182(8) FAC LSC	Correction Completed 08/05/2015 0032	ID Prefix A0053 Reg. # 58A-5.0185(4) FAC LSC	Correction Completed 08/05/2015 0053
ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed 08/05/2015 0054	ID Prefix A0055 Reg. # 58A-5.0185(6) FAC LSC	Correction Completed 08/05/2015 0055	ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed 08/05/2015 0056
ID Prefix A0077 Reg. # 58A-5.019(1) FAC LSC	Correction Completed 08/05/2015 0077	ID Prefix Reg. # LSC	Correction Completed ZZZZ	ID Prefix Reg. # LSC	Correction Completed ZZZZ
ID Prefix Reg. # LSC	Correction Completed ZZZZ	ID Prefix Reg. # LSC	Correction Completed ZZZZ	ID Prefix Reg. # LSC	Correction Completed ZZZZ
ID Prefix Reg. # LSC	Correction Completed ZZZZ	ID Prefix Reg. # LSC	Correction Completed ZZZZ	ID Prefix Reg. # LSC	Correction Completed ZZZZ

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

State Agency

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

Followup to Survey Completed on:

10/16/2014

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 10, 2015

Administrator
Grand Villa Of Altamonte Springs
433 Orange Drive
Altamonte Springs, FL 32701

RE: Revisit to relicensure w/LNS

Dear Administrator:

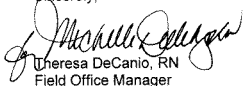
This letter reports the findings of a state licensure survey revisit conducted on August 5, 2015 by representative(s) of this office.

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

