State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11966934	A. Building B. Wing	10/1/2015

Name of Facility	Street Address, City, State, Zip Code
WHITE FLOWERS	801 ARDENLEIGH DRIVE ORLANDO, FL 32828

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0004 Reg. # 58A-5.016 FAC LSC	10/01/2015 0004	ID Prefix A0008 Reg. # 429.26(4-6) FS; 58A-5.0181 LSC	10/01/2015 0008	ID Prefix A0052 Reg. # 58A-5.0185(3) FAC LSC	10/01/2015 0052
ID Prefix A0053 Reg. # 58A-5.0185(4) FAC LSC	10/01/2015 0053	ID Prefix A0055 Reg. # 58A-5.0185(6) FAC LSC	10/01/2015 0055	ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	10/01/2015 0078
ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	10/01/2015 0090	ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	10/01/2015 0162	ID Prefix Reg. # LSC	ZZZZ
ID Prefix Reg. # LSC	ZZZZ	ID Prefix Reg. # LSC	ZZZZ	ID Prefix Reg. # LSC	ZZZZ
ID Prefix Reg. # LSC	ZZZZ	ID Prefix Reg. # LSC	ZZZZ	ID Prefix Reg. # LSC	ZZZZ

Reviewed By State Agency	Reviewed By [signature]	Date: 10/2/15	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 5/11/2015

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

October 2, 2015

Administrator
White Flowers
801 Ardenleigh Drive
Orlando, FL 32828

RE: Revisit to relicensure survey

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 1, 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.

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

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