

10/2/2015

State Form: Revisit Report

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

Name of Facility

WHITE FLOWERS

Street Address, City, State, Zip Code

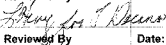
801 ARDENLEIGH DRIVE
ORLANDO, FL 32828

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

Reviewed By



Reviewed By

Date: 10/2/15

Date:

Signature of Surveyor:

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

