

11/16/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11967010	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 11/16/2015
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Name of Facility VIEW AT WINTER PARK (THE)	Street Address, City, State, Zip Code 1047 PRINCESS GATE BLVD WINTER PARK, FL 32792
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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 <u>A0052</u> Reg. # <u>58A-5.0185 (3)</u> LSC _____	Correction Completed 11/16/2015 0052	ID Prefix <u>A0054</u> Reg. # <u>58A-5.0185(5) FAC</u> LSC _____	Correction Completed 11/16/2015 0054	ID Prefix <u>A0084</u> Reg. # <u>58A-5.0191(5) FAC</u> LSC _____	Correction Completed 11/16/2015 0084
ID Prefix <u>A0162</u> Reg. # <u>58A-5.024(3) FAC</u> LSC _____	Correction Completed 11/16/2015 0162	ID Prefix <u>A0167</u> Reg. # <u>58A-5.025 FAC</u> LSC _____	Correction Completed 11/16/2015 0167	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	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed ZZZZ	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed ZZZZ

Reviewed By _____	Reviewed By _____	Date: <u>11/16/15</u>	Signature of Surveyor: _____	Date: _____
State Agency _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
CMS RO _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Followup to Survey Completed on: 9/11/2015	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

November 16, 2015

Administrator
View At Winter Park (the)
1047 Princess Gate Blvd
Winter Park, FL 32792

Dear Administrator:

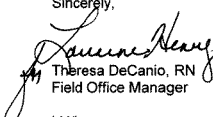
This letter reports the findings of a state licensure survey revisit conducted on November 16, 2015 by representative(s) of this office.

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.

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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