State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11965786	A. Building B. Wing	11/16/2015

Name of Facility	Street Address, City, State, Zip Code
FOUR SEASONS ALF	5080 WAYSIDE DRIVE SANFORD, FL 32771

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**	Correction Completed **11/16/2015**	ID Prefix **A0030**	Correction Completed **11/16/2015**	ID Prefix **A0078**	Correction Completed **11/16/2015**
Reg. # **429.26(7) FS: 58A-5.0182(1** LSC	0025	Reg. # **58A-5.0182(6) FAC; 429.28** LSC	0030	Reg. # **58A-5.019(2) FAC** LSC	0078
ID Prefix **A0080**	Correction Completed **11/16/2015**	ID Prefix **A0084**	Correction Completed **11/16/2015**	ID Prefix **A0085**	Correction Completed **11/16/2015**
Reg. # **429.52(1-2) FS: 58A-5.0191** LSC	0080	Reg. # **58A-5.0191(5) FAC** LSC	0084	Reg. # **58A-5.0191(6) FAC** LSC	0085
ID Prefix **A0092**	Correction Completed **11/16/2015**	ID Prefix **A0093**	Correction Completed **11/16/2015**	ID Prefix **A0162**	Correction Completed **11/16/2015**
Reg. # **58A-5.020(1) FAC** LSC	0092	Reg. # **58A-5.020(2) FAC** LSC	0093	Reg. # **58A-5.024(3) FAC** LSC	0162
ID Prefix **AZ816**	Correction Completed **11/16/2015**	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # **408.809(2)(a-c) FS** LSC	Z816	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	Date:	Signature of Surveyor:	Date: 11/18/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 8/13/2015

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 18, 2015

Administrator
Four Seasons Alf
5080 Wayside Drive
Sanford, FL 32771

RE: Revisit to relicensure survey

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. **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

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