

11/23/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number

AL11967022

(Y2) Multiple Construction

A. Building

B. Wing

(Y3) Date of Revisit

11/18/2015

Name of Facility

ALMARK HEALTH SERVICES #3

Street Address, City, State, Zip Code

4019 WENDY DRIVE
ORLANDO, FL 32808

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 A0054	Correction Completed 11/18/2015	ID Prefix A0056	Correction Completed 11/18/2015	ID Prefix A0078	Correction Completed 11/18/2015
Reg. # 58A-5.0185(5) FAC LSC	0054	Reg. # 58A-5.0185(7) FAC LSC	0056	Reg. # 58A-5.019(2) FAC LSC	0078
ID Prefix A0084	Correction Completed 11/18/2015	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # 58A-5.0191(5) FAC LSC	0084	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
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

Reviewed By

Date: 11/23/15

Signature of Surveyor:

Date:

State Agency

Reviewed By

Date:

Signature of Surveyor:

Date:

CMS RO

Followup to Survey Completed on:

9/17/2015

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 23, 2015

Administrator
Almark Health Services #3
4019 Wendy Drive
Orlando, FL 32808

RE: Revisit to relicensure w/LMH

Dear Administrator:

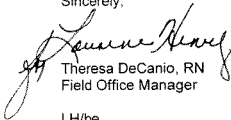
This letter reports the findings of a state licensure survey revisit conducted on November 18, 2015 by representative(s) of this office.

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

DTSD

