

11/19/2015

State Form: Revisit Report

(Y1) Provider/ Supplier/ CLIA/
Identification Number
AL11966454(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
11/19/2015Name of Facility
WILLIAMS LOVING CAREStreet Address, City, State, Zip Code
4213 CHANTELE ROAD
ORLANDO, FL 32808

This report is completed by a State's monitor to show those deficiencies previously reported that have been corrected and the date such corrective action was completed. 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 A0008	Correction Completed 11/19/2015	ID Prefix A0162	Correction Completed 11/19/2015	ID Prefix	Correction Completed
Reg. # 429.28(4-6) FS; 58A-5.0181 LSC	0008	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
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: 11/19/15

Signature of Surveyor:

Date:

State Agency

Sherry Ann J. Deane

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

CMS RO

Followup to Survey Completed on:

6/10/2015

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 19, 2015

Administrator
Williams Loving Care
4213 Chantelle Road
Orlando, FL 32808

RE: 2nd revisit to relicensure survey w/LNS

Dear Administrator:

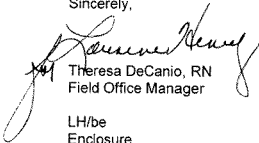
This letter reports the findings of a state licensure survey revisit conducted on November 19, 2015 by representative(s) of this office.

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.shtm> 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

DT90

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