State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11911279	A. Building B. Wing	1/13/2016

Name of Facility	Street Address, City, State, Zip Code
GREEN TREE ASSISTED LIVING, LLC	8207 FOREST CITY ROAD ORLANDO, FL 32810

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28(0030 LSC	01/13/2016	ID Prefix Reg. # ZZZZ LSC		ID Prefix Reg. # ZZZZ LSC	
ID Prefix Reg. # ZZZZ LSC		ID Prefix Reg. # ZZZZ LSC		ID Prefix Reg. # ZZZZ LSC	
ID Prefix Reg. # ZZZZ LSC		ID Prefix Reg. # ZZZZ LSC		ID Prefix Reg. # ZZZZ LSC	
ID Prefix Reg. # ZZZZ LSC		ID Prefix Reg. # ZZZZ LSC		ID Prefix Reg. # ZZZZ LSC	
ID Prefix Reg. # ZZZZ LSC		ID Prefix Reg. # ZZZZ LSC		ID Prefix Reg. # ZZZZ LSC	

Reviewed By State Agency	Reviewed By [signature]	Date: 1/14/16	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 9/14/2015

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

January 19, 2016

Administrator
Green Tree Assisted Living, LLC
8207 Forest City Road
Orlando, FL 32810

RE: Revisit to #2015008317

Dear Administrator:

This letter reports the findings of a state licensure comoplaint survey revisit conducted on January 13, 2016 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

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida