

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL11963788	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/6/2016
NAME OF FACILITY PANORAMA LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1030 BALMY BEACH DRIVE APOPKA, FL 32703	

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0025 Reg. # 429.26(7) FS. 58A-5.0182(1) FAC LSC	Correction Completed 04/06/2016	ID Prefix A0026 Reg. # 58A-5.0182(2) FAC LSC	Correction Completed 04/06/2016	ID Prefix A0052 Reg. # 58A-5.0185 (3) LSC	Correction Completed 04/06/2016
ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC	Correction Completed 04/06/2016	ID Prefix A0167 Reg. # 58A-5.025 FAC LSC	Correction Completed 04/06/2016	ID Prefix AE205 Reg. # 58A-5.030(6) FAC LSC	Correction Completed 04/06/2016
ID Prefix AE206 Reg. # 58A-5.030(7) FAC LSC	Correction Completed 04/06/2016	ID Prefix AE207 Reg. # 58A-5.030(8) FAC LSC	Correction Completed 04/06/2016	ID Prefix AE208 Reg. # 58A-5.030(9) FAC LSC	Correction Completed 04/06/2016
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) <i>[Signature]</i>	DATE 4/6/16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS) <i>[Signature]</i>	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 2/23/2016

☐ 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

April 22, 2016

Administrator
Panorama Living
1030 Balmy Beach Drive
Apopka, FL 32703

RE: Relicensure w/ECC

Dear Administrator:

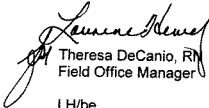
This letter reports the findings of a state licensure survey revisit conducted on April 6, 2016 by representative(s) of this office.

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.

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, RM
Field Office Manager

LH/be
Enclosure

DT9D

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