

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/07/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967434	(X3) DATE SURVEY COMPLETED 06/30/2016
NAME OF PROVIDER OR SUPPLIER ORLANDO LUTHERAN TOWERS	STREET ADDRESS, CITY, STATE, ZIP CODE 404 MARIPOSA STREET ORLANDO, FL 32801	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 Initial Comments

An Extended Congregate Care (ECC) monitoring visit was completed on 06/30/2016 at Orlando Lutheran Towers, 404 Mariposa Street, Orlando 32801, License # 11436. The facility had no deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 7, 2016

Administrator
Orlando Lutheran Towers
404 Mariposa Street
Orlando, FL 32801

RE: Extended Congregate Care survey

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on June 30, 2016 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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,

A handwritten signature in black ink, appearing to read "Theresa DeCanio".

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

1GGN

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