AH Form Approved
5/16/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11968137

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
5/15/2013

Name of Facility
ANA ASSISTED LIVING FACILITY

Street Address, City, State, Zip Code
140 OAXACA LANE
KISSIMMEE, FL 34743

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 **A0030** Reg. # **58A-5.0182(6) FAC; 429.28** LSC	Correction Completed **05/15/2013**	ID Prefix **A0093** Reg. # **58A-5.020(2) FAC** LSC	Correction Completed **05/15/2013**	ID Prefix **AZ815** Reg. # **408.809, 435.02(2), 435.06** LSC	Correction Completed **05/15/2013**
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency	**Reviewed By** LHenry for HOC	**Date:** 5/16/13	**Signature of Surveyor:**	**Date:**
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:
3/4/2013

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

May 16, 2013

Administrator
Ana Assisted Living Facility
140 Oaxaca Lane
Kissimmee, FL 34743

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on May 15, 2013 by representative(s) of this office.

Attached is the provider's copy of the Revisit Report, 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

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