

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965123	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/09/2013
NAME OF PROVIDER OR SUPPLIER LAURELWOOD ASSISTED LIVING FACILITY, IN		STREET ADDRESS, CITY, STATE, ZIP CODE 1851 WEST TEN MILE ROAD CANTONMENT, FL 32533	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
{A 000} Initial Comments	An unannounced visit was made to Laurelwood Assisted Living Facility on 5/9/13 for the second re-visit to the Biennial survey completed on 1/24/13. Previously cited deficiencies were found corrected, and no new deficiencies were identified at this visit.	{A 000}	

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6890

VZE813

If continuation sheet 1 of 1

5/10/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number

AL11965123

(Y2) Multiple Construction

A. Building

B. Wing

(Y3) Date of Revisit

5/9/2013

Name of Facility

LAURELWOOD ASSISTED LIVING FACILITY, INC

Street Address, City, State, Zip Code

1851 WEST TEN MILE ROAD
CANTONMENT, FL 32533

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 A0078	Correction Completed 05/09/2013	ID Prefix A0167	Correction Completed 05/09/2013	ID Prefix	Correction Completed
Reg. # 58A-5.019(2) FAC LSC		Reg. # 58A-5.025(1) FAC LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	

Reviewed By

State Agency

Reviewed By

CMS RO

Reviewed By

Reviewed By

Date:

Date:

Signature of Surveyor:

Signature of Surveyor:

Date:

Date:

Followup to Survey Completed on:

1/24/2013

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

May 10, 2013

Administrator
Laurelwood Assisted Living Facility, Inc
1851 West Ten Mile Road
Cantonment, FL 32533

Dear Administrator:

This letter reports the findings of a second state licensure survey revisit conducted on May 9, 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. **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 me at 850-412-4540.

Sincerely,


for Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure

J5XD

