

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/09/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967636	(X3) DATE SURVEY COMPLETED 08/26/2013
NAME OF PROVIDER OR SUPPLIER Smallville II	STREET ADDRESS, CITY, STATE, ZIP CODE 10631 Jane Eyre Drive Orlando, FL 32825	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-08/26/2013
0052-Medication - Assistance With Self-Admin-08/26/2013
0076-Do Not Resuscitate Orders (dnros)-08/26/2013
0167-Resident Contracts-08/26/2013

Specific Tag Findings:

0000-Initial Comments
8/26/13 conducted Assisted Living Facility follow up to the 7/10/13 relicensure survey.

There were no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 10, 2013

Administrator
Smallville II
10631 Jane Eyre Drive
Orlando, FL 32825

RE: Revisit to biennial relicensure

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on August 26, 2013 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, RN
Field Office Manager

LH/be
Enclosure

