STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965786	**12/16/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Four Seasons Alf	**5080 Wayside Drive Sanford, FL 32771**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-12/16/2013
0026-Resident Care - Social & Leisure Activities-12/16/2013
0030-Resident Care - Rights & Facility Procedures-12/16/2013
0052-Medication - Assistance With Self-Admin-12/16/2013
0053-Medication - Administration-12/16/2013
0055-Medication - Storage And Disposal-12/16/2013
0076-Do Not Resuscitate Orders (dnros)-12/16/2013
0078-Staffing Standards - Staff-12/16/2013
0093-Food Service - Dietary Standards-12/16/2013
0162-Records - Resident-12/16/2013
0167-Resident Contracts-12/16/2013

Specific Tag Findings:

0000-Initial Comments

12/16/13 revisit completed to 10/8/13 biennial relicensure with LNS. There were no deficiencies at the time of the visit.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 18, 2013

Administrator
Four Seasons Alf
5080 Wayside Drive
Sanford, FL 32771

RE: Revisit to biennial relicensure w/LNS

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on December 16, 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. **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 Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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Tallahassee, FL 32308
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