

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/19/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953584	(X3) DATE SURVEY COMPLETED 12/17/2013
NAME OF PROVIDER OR SUPPLIER Fountains Of Melbourne	STREET ADDRESS, CITY, STATE, ZIP CODE 4451 Stack Blvd Melbourne, FL 32901	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-12/17/2013

Specific Tag Findings:

0000-Initial Comments

12/17/13 Unannounced revisit to complaint inspection #2013008816 was conducted.

The facility had no deficiencies found during the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 19, 2013

Administrator
Fountains Of Melbourne
4451 Stack Blvd
Melbourne, FL 32901

RE: Revisit to CCR#201300816

Dear Administrator:

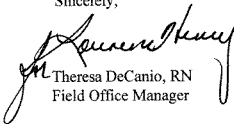
This letter reports the findings of a complaint investigation survey revisit conducted on December 17, 2013 by representative(s) of this office.

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/bc
Enclosure

