DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105439	A. BUILDING 01 - MAIN FED B. WING _____	12/12/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKESIDE PAVILION	2900 12TH STREET N NAPLES, FL 34103

(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)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS An unannounced Fire & Life Safety recertification survey was conducted 12/12/16 at Lakeside Pavilion, a nursing home in Naples, Florida. Lakeside Pavilion is not in compliance with 42 CFR 483 Subpart B, 42 CFR 488.307, and National Fire Protection Association (NFPA) 101 (2012 edition) requirements for nursing homes. Initial Plan Review: 1968 Existing NFPA 220 Construction Type: V (000) Number of beds:120 Census: 106 The following is description of the noncompliance.	K 000		
K 324 SS=D	NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.	K 324		1/15/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/09/2017

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K 324	Continued From page 1 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2	K 324		

This STANDARD is not met as evidenced by:
Based on a record review and interview with the maintenance director, the facility failed to inspect the commercial cooking equipment and maintain the equipment in reliable operating condition.

The findings included:

1. On 12/12/16 at 12:40 p.m., a review of the kitchen hood system records revealed there was no monthly inspection of the system in accordance with NFPA 17 2009 edition 7.3.4. The maintenance director acknowledged he was not currently performing this inspection.

2. On 12/12/16 at 1:00 p.m., inspection of the commercial cooking hood revealed the caulking required for the seams of the hood to prevent grease laden vapors from penetrating was either missing or falling out in some areas. The maintenance director acknowledged the deficiency and said he would repair it as soon as possible.

1. On 12/21/16, the maintenance supervisor conducted a kitchen hood inspection.

On 1/9/17, repair of the caulking to the seams of the kitchen hood was completed by The Hood Guys.

2. No other issues were identified related to inspecting and maintaining the cooking facilities in accordance with NFPA 96.

3. Re-education was provided to the maintenance supervisor on 12/12/16 by the Regional Property Manager regarding NFPA 96, cooking facilities inspection and maintenance.

4. The CED will audit the cooking facilities inspection monthly to ensure compliance with NFPA 96 for 12 months. Results of the audit will be presented to the QAPI committee for review and further recommendations

K 345 SS=F	NFPA 101 Fire Alarm System - Testing and Maintenance	K 345		1/15/17

Fire Alarm System - Testing and Maintenance
A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National

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K 345	Continued From page 2 Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on a review of the facility records, and interview with the maintenance director, the facility failed to test the smoke detectors in accordance with NFPA 101 2012 edition 4.6.1.2. & NFPA 72 2010 edition 14.4.5.3. A lack of mandatory testing rendered the equipment unreliable. The findings included: On 12/12/16 at 11:45 a.m., a review of the fire alarm smoke detector sensitivity report revealed all the smoke detectors were tested except the duct detectors. The maintenance director contacted the fire alarm testing company, then acknowledged the duct detectors were not tested for sensitivity.	K 345	1.The duct detectors will be replaced by Cintas and sensitivity testing will be conducted for the new detectors by 1/15/17. 2. No other issues were identified related to smoke and duct detector testing in accordance with NFPA 101. 3. Re-education was provided to the maintenance supervisor by the Regional Property Manager regarding NFPA 101 on 12/12/16. 4. Center Executive Director will audit the maintenance supervisor s life safety book monthly for 3 months to ensure that fire alarm sensitivity testing is completed as required. Results of the audit will be presented to the QAPI committee for review and further recommendation.	
K 900 SS=F	NFPA 101 Health Care Facilities Code - Other Health Care Facilities Code - Other List in the REMARKS section any NFPA 99 requirements (excluding Chapter 7, 8, 12, and 13) that are not addressed by the provided K-Tags, but are deficient. This information, along with the	K 900		1/15/17

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K 900	Continued From page 3 applicable Health Care Facilities Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is not met as evidenced by: Based on a review of the facility records and interview with the maintenance director, the facility failed to test the emergency back up generator diesel fuel in accordance with NFPA 99 2012 edition 6.4.4.1.1.3. & NFPA 110 2010 edition 8.3.8. The findings included: On 12/12/16 at 12:12 p.m., there was no documentation to show the annual fuel test had been performed. The maintenance director said he was unaware of the requirement.	K 900	1.A generator diesel fuel sample test was conducted on 12/13/16. 2. No other issues were identified related to generator diesel fuel testing in accordance with NFPA 99. 3. Re-education was provided to the maintenance supervisor by the Regional Property Manager regarding NFPA 99, generator fuel testing on 12/12/16. 4. Center Executive Director will monitor the maintenance supervisor s life safety book monthly to ensure that the generator fuel testing is conducted as required. Results of the audit will be presented to the QAPI committee for review and further recommendation.	

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	81103	A. BUILDING: 03 - MAIN LIC B. WING _____	12/12/2016

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K 000	Initial Comments An unannounced Fire & Life Safety re-licensure survey was conducted on 12/12/16 at Lakeside Pavilion, a nursing home in Naples, Florida in accordance with National Fire Protection Association (NFPA) 1 and 101 (2012 edition) and applicable requirements of Florida State Fire Marshal's Rules and Regulations, Florida Administrative Code (F.A.C) 69A-3, F.A.C. 69A-53, F.A.C. 59A-4, and Florida Statutes (F.S.) 400 Part II, and F.S. 633.0215, adopting National Fire Protection Association (NFPA) 1 and 101 (2012 edition) known as the Florida Fire Prevention Code and all NFPA referenced standards and requirements adopted per NFPA 101, Chapter 2. The following is description of the deficiencies, found at the time of the visit.	K 000		
K 054 SS=F	NFPA 101- LSC 2012 SMOKE DETECTORS-INSPECT, TEST, & MAINTAIN All required smoke detectors, including those activating door hold open devices, are approved, maintained, inspected, and tested in accordance with the manufacture ' s specifications. NFPA 101 Life Safety Code (2012) 4.6.12, NFPA 72 (2010) 14.4.5.3 This Statute or Rule is not met as evidenced by: Based on a review of the facility records, and interview with the maintenance director, the facility failed to test the smoke detectors in accordance with NFPA 101 2012 edition 4.6.1.2.	K 054	1.The duct detectors will be replaced by Cintas and sensitivity testing will be conducted for the new detectors by 1/15/17.	1/15/17

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		01/09/17

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K 054	Continued From page 1 & NFPA 72 2010 edition 14.4.5.3. A lack of mandatory testing rendered the equipment unreliable. The findings included: On 12/12/16 at 11:45 a.m., a review of the fire alarm smoke detector sensitivity report revealed all the smoke detectors were tested except the duct detectors. The maintenance director contacted the fire alarm testing company, then acknowledged the duct detectors were not tested for sensitivity. Class III .	K 054	2. No other issues were identified related to smoke and duct detector testing in accordance with NFPA 101. 3. Re-education was provided to the maintenance supervisor by the Regional Property Manager regarding NFPA 101 on 12/12/16. 4. Center Executive Director will audit the maintenance supervisor s life safety book monthly for 3 months to ensure that fire alarm sensitivity testing is completed as required. Results of the audit will be presented to the QAPI committee for review and further recommendation.	
K 069 SS=D	NFPA 101- LSC 2012 Cooking Equipment Cooking facilities shall be protected in accordance with 9.2.3, unless otherwise permitted by 19.3.2.5.2, 19.3.2.5.3, or 19.3.2.5.4. Where residential cooking equipment is used for food warming or limited cooking, the equipment shall not be required to be protected in accordance with 9.2.3, and the presence of the equipment shall not require the area to be protected as a hazardous area. Within a smoke compartment, where residential or commercial cooking equipment is used to prepare meals for 30 or fewer persons, one cooking facility shall be permitted to be open to the corridor, provided that all of the following conditions are met: (1) The portion of the health care facility served by the cooking facility is limited to 30 beds and is	K 069		1/15/17

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LAKESIDE PAVILION	**2900 12TH STREET N** **NAPLES, FL 34103**

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K 069	Continued From page 2	K 069		

separated from other portions of the health care facility by a smoke barrier constructed in accordance with 19.3.7.3, 19.3.7.6, and 19.3.7.8.
(2) The cooktop or range is equipped with a range hood of a width at least equal to the width of the cooking surface, with grease baffles or other grease-collecting and cleanout capability.
(3)*The hood systems have a minimum airflow of 500 cfm (14,000 L/min).
(4) The hood systems that are not ducted to the exterior additionally have a charcoal filter to remove smoke and odor.
(5) The cooktop or range complies with all of the following:
(a) The cooktop or range is protected with a fire suppression system listed in accordance with UL 300, Standard for Fire Testing of Fire Extinguishing Systems for Protection of Commercial Cooking Equipment, or is tested and meets all requirements of UL 300A, Extinguishing System Units for Residential Range Top Cooking Surfaces, in accordance with the applicable testing document ' s scope.
(b) A manual release of the extinguishing system is provided in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, Section 10.5.
(c) An interlock is provided to turn off all sources of fuel and electrical power to the cooktop or range when the suppression system is activated.
(6)*The use of solid fuel for cooking is prohibited.
(7)*Deep-fat frying is prohibited.
(8) Portable fire extinguishers in accordance with NFPA 96 are located in all kitchen areas.
(9)*A switch meeting all of the following is provided:
(a) A locked switch, or a switch located in a restricted location, is provided within the cooking

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K 069	Continued From page 3	K 069		

facility that deactivates the cooktop or range.
(b) The switch is used to deactivate the cooktop or range whenever the kitchen is not under staff supervision.
(c) The switch is on a timer, not exceeding a 120-minute capacity, that automatically deactivates the cooktop or range, independent of staff action.
(10) Procedures for the use, inspection, testing, and maintenance of the cooking equipment are in accordance with Chapter 11 of NFPA 96 and the manufacturer ' s instructions and are followed.
(11)*Not less than two AC-powered photoelectric smoke alarms, interconnected in accordance with 9.6.2.10.3, equipped with a silence feature, and in accordance with NFPA 72, National Fire Alarm and Signaling Code, are located not closer than 20 ft (6.1 m) from the cooktop or range.
(12) No smoke detector is located less than 20 ft (6.1 m) from the cooktop or range.
(13) The smoke compartment is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.

Within a smoke compartment, residential or commercial cooking equipment that is used to prepare meals for 30 or fewer persons shall be permitted, provided that the cooking facility complies with all of the following conditions:
(1) The space containing the cooking equipment is not a sleeping room.
(2) The space containing the cooking equipment shall be separated from the corridor by partitions complying with 19.3.6.2 through 19.3.6.5.
(3) The requirements of 19.3.2.5.3(1) through (10) and (13) are met.

Where cooking facilities are protected in accordance with 9.2.3, the presence of the

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K 069	Continued From page 4 cooking equipment shall not cause the room or space housing the equipment to be classified as a hazardous area with respect to the requirements of 19.3.2.1, and the room or space shall not be permitted to be open to the corridor. NFPA 101 Life Safety Code (2012) 18.3.2.5.1 thru 18.3.2.5.5 & 19.3.2.5.1 thru 19.3.2.5.5. ***NOTE The kitchen open to a corridor provision is applicable to licensure only. The CMS requirement is more stringent unless the Facility has completed the requirements for the Categorical Waivers in accordance with S&C 13-58 and 12-21.*** This Statute or Rule is not met as evidenced by: Based on a record review and interview with the maintenance director, the facility failed to inspect the commercial cooking equipment and maintain the equipment in reliable operating condition. The findings included: 1. On 12/12/16 at 12:40 p.m., a review of the kitchen hood system records revealed there was no monthly inspection of the system in accordance with NFPA 17 2009 edition 7.3.4. The maintenance director acknowledged he was not currently performing this inspection. 2. On 12/12/16 at 1:00 p.m., inspection of the commercial cooking hood revealed the caulking required for the seams of the hood to prevent grease laden vapors from penetrating was either missing or falling out in some areas. The maintenance director acknowledged the deficiency and said he would repair it as soon as	K 069	1. On 12/21/16, the maintenance supervisor conducted a kitchen hood inspection. On 1/9/17, repair of the caulking to the seams of the kitchen hood was completed by The Hood Guys. 2. No other issues were identified related to inspecting and maintaining the cooking facilities in accordance with NFPA 96. 3. Re-education was provided to the maintenance supervisor on 12/12/16 by the Regional Property Manager regarding NFPA 96, cooking facilities inspection and maintenance. 4. The CED will audit the cooking facilities inspection monthly to ensure compliance with NFPA 96 for 12 months. Results of	

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K 069	Continued From page 5 possible. Class III	K 069	the audit will be presented to the QAPI committee for review and further recommendations	
K 316 SS=F	NFPA 101- 2012 LSC, NFPA 110-2010 GENERATOR FUEL TESTING A fuel quality test shall be performed at least annually using tests approved by ASTM standards. NFPA 101 Life Safety Code (2012) 18.5.1 & 19.5.1, 9.1.3 thru 9.1.3.2, NFPA 110 (2010) 8.3.8. This Statute or Rule is not met as evidenced by: Based on a review of the facility records and interview with the maintenance director, the facility failed to test the emergency back-up generator diesel fuel in accordance with NFPA 99 2012 edition 6.4.4.1.1.3. & NFPA 110 2010 edition 8.3.8. The findings included: On 12/12/16 at 12:12 p.m., there was no documentation to show the annual fuel test had been performed. The maintenance director said he was unaware of the requirement. Class III	K 316	1.A generator diesel fuel sample test was conducted on 12/13/16. 2. No other issues were identified related to generator diesel fuel testing in accordance with NFPA 99. 3. Re-education was provided to the maintenance supervisor by the Regional Property Manager regarding NFPA 99, generator fuel testing on 12/12/16. 4. Center Executive Director will monitor the maintenance supervisor s life safety book monthly to ensure that the generator fuel testing is conducted as required. Results of the audit will be presented to the QAPI committee for review and further recommendation.	1/15/17
K 317 SS=F	NFPA101-2012LSC,FAC 58A-2.025,F.B.C-2011 REPAIR, RENO, MOD, CHNG OF USE OR	K 317		1/15/17

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K 317	Continued From page 6 OCC, & ADD (1) When construction is contemplated for new buildings or for additions, conversions, renovations, or alterations to existing buildings, the plans and specifications for the contemplated construction shall be prepared by Florida-registered architects and engineers. (2) All contemplated additions, conversions, renovations, or alterations shall be submitted for approval or exemption from the plans review process. Rehabilitation work on existing buildings shall be classified as one of the following work categories in accordance with 43.2.2.1: (1) Repair (2) Renovation (3) Modification (4) Reconstruction (5) Change of use or occupancy classification (6) Addition Rehabilitation work on existing buildings shall comply with Chapter 43 of NFPA 101, Life Safety Code. NFPA 101 Life Safety Code (2012) 4.6.7.1 & 4.6.7.2, Florida Administrative Code 58A-2.025 & Florida Building Code 2010 edition. ***NOTE ADD LANGUAGE FOR ICRA & ILSM* This Statute or Rule is not met as evidenced by: Based on observations made during fire safety tour of the facility, and interview with the maintenance director and the administrator, the facility failed to submit a letter of intent and scope of work for a modification electrical upgrade, to the Agency for Health Care Administration (AHCA) Office of Plans and Construction (OPC)	K 317	K 317 1. On 12/23/16, facility retained the services of Burt Hill/ Pollok Krieg Architects, Inc. On 1/4/17, electrical drawings from the	

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K 317	Continued From page 7 for approval, prior to work being performed. The findings included: On 12/12/16 between 12:45 p.m. and 3:00 p.m., the fire safety tour revealed the duplex electrical outlets in all the resident rooms were removed and upgraded to quad outlets. This expansion of house power outlets required a review for code compliance and to ensure the extra outlets did not draw to much power and heat the wiring in the walls. When questioned, the maintenance director said this was the electrical arrangement when he began employment 6 months ago. On 12/12/16 at 3:00 p.m., the administrator revealed the outlets were changed out and expanded after the February 2016 annual survey. They were actually installed after the fire safety revisit inspection on 4/8/16. The facility was cited for improper use of power strips. The power strips were removed and the deficiency cleared. The problem however remained that there were not enough outlets so the facility chose to modify and expand the outlets to solve their problem. The administrator acknowledged OPC should have been notified. It was also noted the quad outlets were red indicating they are connected to the critical branch and the emergency back up generator. This was not verified. Class III	K 317	facility's original construction and subsequent renovation and cut sheets for quad outlet replacement parts were sent to Burt Hill/Pollock Krieg, Inc. for review. By 1/15/17, quad outlets in resident rooms will be altered to lock out use of 2 receptacles per outlet (e.g. child safety plastic plugs covered with duct tape and "no use" signage. By 1/17/17, the electrical engineer from Burt Hill et al will provide an on-site review of the facility's existing electrical system and electrical load. Following the outcome of the review, Burt Hill et al will submit all required documents to AHCA Office of Plans and Construction. Depending on the outcome of the review by Burt Hill et al and AHCA OPC, any additional work that needs to be done will be initiated and completed within 90 days of reply from AHCA OPC. The CED will update the Area 8 AHCA office every 30 days on the status of the above review and recommendations. 2. No other issues were identified regarding submission to AHCA Office of Plans and Construction for planned facility repair, renovation, modification, or additions. 3. On 12/12/17, the Regional Property Manager educated the CED and maintenance supervisor on submitting appropriate planned facility repairs,	

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	81103	A. BUILDING: **03 - MAIN LIC** B. WING _____	**12/12/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKESIDE PAVILION	**2900 12TH STREET N NAPLES, FL 34103**

(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)	(X5) COMPLETE DATE
K 317	Continued From page 8	K 317	renovations, modifications, or additions to AHCA Office of Plans and Construction. By 1/15/17, the CED and/or her designee will educate the staff on the "lock out" of the 2 receptacles per quad outlet in resident rooms. 4. Maintenance supervisor and/or his designee will conduct daily rounds to ensure no use of power strips, extension cords and/or use of the "lock out" receptacles in the resident rooms. Center Executive Director will audit all planned facility repair, renovations, modifications, or additions monthly to ensure notification to AHCA OPC is submitted as required. Results of the audits will be presented to the QAPI committee monthly for 3 months for review and further recommendation.	

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 30, 2016

Administrator
Lakeside Pavilion
2900 12th Street N
Naples, FL 34103

RE: Recertification, Licensure and Life Safety Code survey results

Dear Administrator:

On December 12, 2016-December 15, 2016, a Recertification, Licensure and Life Safety Code surveys were conducted in your facility by representatives of this office.

The purpose of this visit was to determine if your facility was in compliance with requirements for nursing homes participating in the Medicare and/or Medicaid programs. Your facility was found not in substantial compliance with the participation requirements.

Enclosed are the provider's copies of Form CMS-2567 (Statement of Deficiencies and Plan of Correction) and State (3020) Form. These forms reference the deficiencies that were identified during the visit.

A Plan of Correction (POC) for the deficiencies must be submitted to this Field Office 10 days after your facility receives the faxed Form CMS-2567. Failure to submit an acceptable POC within ten (10) days after receipt of the faxed statement of deficiencies may result in the imposition of remedies. You will be notified by telephone or fax if your POC is found to be acceptable. If your POC is found to be unacceptable, you will be informed in writing. The correction date indicated by the facility shall be after the date of survey exit. **Deficiencies shall be corrected no later than January 15, 2017.**

Your POC must contain the following:

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- How you will identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.

Recommended Remedies:

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com

Please note that this letter does not constitute formal notice of imposition of alternative sanctions or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other sanction is warranted, we will provide you with a separate formal notification of that determination.

Remedies will be recommended for imposition by CMS if your facility has failed to achieve substantial compliance by the revisit. Informal dispute resolution for the cited deficiencies will not delay the imposition of the enforcement actions recommended. A change in the seriousness of the noncompliance found may result in a change in the remedy recommended. When this occurs, you will be advised of any change in remedy.

- Civil Money Penalty, in an amount and duration to be determined by CMS.
- A mandatory denial of payment for new admissions will be imposed March 15, 2017 if substantial compliance is not achieved by that time.
- Termination of Medicare Agreement. We are recommending to the CMS Regional Office and/or State Medicaid Agency that your provider agreement be terminated on June 15, 2017 if substantial compliance is not achieved by that time.

If, upon the subsequent revisit, your facility has not achieved substantial compliance, the CMS Regional Office or State Medicaid Agency will impose the other remedies indicated above, or a revised remedy, if appropriate.

Informal Dispute Resolution:
In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Attention: IDR Coordinator
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 9-A
Tallahassee, Florida 32308
FAX (850) 414-6946
or
Phone number: (850) 412-4301
IDRCoordinator@ahca.myflorida.com

The IDR request must be sent during the same 10 days you have for submitting a Plan of Correction for the cited deficiencies. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

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 surveyors. If you have questions, please contact this office at (239) 335-1315.

Sincerely,

Cynthia Brandt RN2 JSL

Jon Seehawer, RN
Field Office Manager

JS/je
Enclosures: CMS-2567 and State (3020) Form

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