

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>74828</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>05</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/05/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MAYFLOWER HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1620 MAYFLOWER COURT WINTER PARK, FL 32792</b>
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(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
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>A Life and Fire Safety Licensure survey was conducted on October 5, 2022 in accordance with National Fire Protection Association (NFPA) 1 and 101 (2018 ed.) and applicable requirements of Florida State Fire Marshal's Rules and Regulations, Florida Administrative Code (FAC) 69A-3, FAC 69A-53, FAC 59A-4, and Florida Statutes (FS) 400 Part II, and FS 633.0215, adopting NFPA 1 and 101 (2018) edition known as the Florida Fire Prevention Code and all NFPA referenced standards and requirements adopted per NFPA 101, Chapter 2. The existing licensed 60 bed facility has moved into a new building on the same campus. Mayflower Healthcare Center did not have any Fire and Life safety deficiencies found on the day of the survey.</p>	K 000		
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AHCA Form 3020-0001  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

10/11/22