or Health Care Adminis	tration				10/20/2022 APPROVEE
T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	74828	B. WING		10/06/2022	
ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
VER HEALTHCARE CEN	TER		ī		
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETE DATE
INITIAL COMMENTS		N 000		1	
conducted from 10/05 Healthcare Center did	i-06/22. Mayflower I not have any deficiencies			nos nos bosto de la compansa de la c	
Initial Comments		CZ000			
conducted from 10/08 Healthcare Center did	5-06/22. Mayflower I not have any deficiencies				
	TO DEFICIENCIES OF CORRECTION  ROVIDER OR SUPPLIER  VER HEALTHCARE CEN  SUMMARY ST  (EACH DEFICIENC) (Initial Comments  A Licensure survey for conducted from 10/05  A Licensure survey for conducted from 10/05  Healthcare Center die  Conducted from 10/05  Healthcare Center die	F CORRECTION TOENTIFICATION NUMBER:  74828  ROVIDER OR SUPPLIER STREET;  1620 WWINTER  SUMMARY STATEMENT OF DEFICIENCIES  [EACH DEFICIENCY MUST BE PRECEDED BY FULL  REQULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  A Licensure survey for a replacement facility was conducted from 10/05-06/22. Mayflower  Healthcare Center did not have any deficiencies at the time of the visit.	TO PERFORMANCE (MT) PROVIDERS/UPPLER/CLIA (IDENTIFICATION NUMBER:  74828  ROVIDER OR SUPPLIER  ROVIDER OR SUPPLIER  STREET ADDRESS, CTV, STAT  1620 MAYTPLOWER COURT WINTER PARK, FL 32792  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQUATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  A Licensure survey for a replacement facility was conducted from 10/05-06/22. Mayflower Healthcare Center did not have any deficiencies at the time of the visit.  Initial Comments  A Licensure survey for a replacement facility was conducted from 10/05-06/22. Mayflower  A Licensure survey for a replacement facility was conducted from 10/05-06/22. Mayflower  Healthcare Center did not have any deficiencies at the time of the visit.	TO PERFORMANCE (XI) PROVIDERSUPPLIERCULA IDENTIFICATION NUMBER:    DOJ MULTIPLE CONSTRUCTION   DOJ MULTIPLE CONSTRUCTION   A BUILDING:   B. WING	OF Health Care Administration  TOF DEFICIENCIES OF CORRECTION  (X1) PROVIDERSUPPLIERCILIA IDENTIFICATION NUMBER:  74828  STREET ADDRESS, CITY, STATE, ZIP CODE  1620 MAYELOWER COURT WINTER PARK, FL 32792  SUMMARY STATEMENT OF DEFICIENCIES  (EACH COPRECTION)  REQUIDER OF LICENCIES OF THE PROVIDERS OF THE PROVIDER

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE 10/11/22 Electronically Signed