



*Better Health Care for All Floridians*

## Survey Expectations and Regulatory Update

Presented by:

Polly Weaver

Chief of Field Operations

Division of Health Quality Assurance

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## Statewide Top Ten Citations Nursing Home January 1, 2009 - December 31, 2009

RANK	TAG	COUNT	DESCRIPTION
1	F281	455	Services provided by the facility must meet professional standards.
2	F371	350	Food must be stored, prepared, and distributed under sanitary conditions.
3	F279	300	Facility must develop comprehensive care plan for each resident
4	F329	280	Each residents drug regimen must be free from unnecessary drugs.
5	F280	245	Comprehensive care plan must be timely, accurate and periodically reviewed.

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## Statewide Top Ten Citations Nursing Home January 1, 2009 - December 31, 2009

RANK	TAG	COUNT	DESCRIPTION
6	F253	243	Facility must provide adequate housekeeping and maintenance services.
7	F323	217	Resident environment remains free of accident hazards.
8	F241	199	The facility must promote care for residents in a manner/environment that maintains/enhances residents dignity.
9	F441	193	Infection Control Program.
10	F431	184	Drugs and biological agents must be properly labeled.

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## Statewide Top Ten Citations Nursing Home January 1, 2010 - December 31, 2010

RANK	TAG	COUNT	DESCRIPTION
1	F281	317	Services provided by the facility must meet professional standards.
2	F371	315	Food must be stored, prepared, and distributed under sanitary conditions.
3	F441	267	The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection.
4	F279	234	Facility must develop comprehensive care plan for each resident
5	F329	228	Each residents drug regimen must be free from unnecessary drugs.

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## Statewide Top Ten Citations Nursing Home January 1, 2010 - December 31, 2010

RANK	TAG	COUNT	DESCRIPTION
6	F253	209	Facility must provide adequate housekeeping and maintenance services.
7	F323	197	Resident environment remains free of accident hazards; and each resident receives adequate supervision and assistance devices to prevent accidents.
8	F514	190	The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.
9	F431	186	Drugs and biological agents must be properly labeled.
10	F241	184	The facility must promote care for residents in a manner/environment that maintains/enhances residents dignity.

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## What's New With QIS

- 11/1/2010
  - New Production Grade Software release.
    - Improved Efficiencies
    - Enhanced Functionality
    - Revised Stage 2 Architecture

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## What's New With QIS

- New Care Area: PASRR
- Eliminated Care Area: Enteral Feedings
- Combined Care Areas are unbundled;
  - ADL, ROM, Cleanliness, Grooming, Positioning;
  - Bowel & Bladder Function, Use of Catheter;
  - Colostomy, Ileostomy, Ureterostomy;
  - Communication and Sensory, Hearing and Vision;
  - Hospitalization and Death;
  - Nutrition, Hydration and Tube Feeding and

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## Electronic Filing For Federal Immediate and Five Day Reporting

- CFR 483.13 requires reporting of abuse, neglect, exploitation, injuries of unknown source to the State Agency.
- Required Reports include “immediate” and “five day”.
- Currently, these reports are generally e-mailed or faxed to our Complaint Administration Unit ([fedrep@ahca.myflorida.com](mailto:fedrep@ahca.myflorida.com)).

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## Online System

- Soon, we will have a new online option...
- Once our new online system is complete, each provider will receive notice of their option to register for this new system.
- Each facility will be allowed up to three users, all of whom will have unique passwords.
- Multiple users will allow a second person to complete the five day report, in case the first person is not available to complete it timely

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### Nursing Homes Federal Reporting

#### User Login

Enter User ID:

Enter Password:

Login

Cancel

[Forgot your password?](#)

[New User?](#)

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# • Create a new user....

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### Nursing Home Federal Reports User Registration Form

User ID: JOHNDOE

Provider Type: Nursing Home

Facility Name: Westminster Oaks, Tallahassee

First Name: Evan

Last Name: Larsen

Title: Programmer

Phone: (850)412-4820

Email: larsene@ahca.myflorida.com

Password Recovery Question 1: What Town Were You Born In?

Security Answer 1: Tallahassee

Password Recovery Question 2: What Was The Name Of Your High School? \*Please select one

Security Answer 2: Florida High

Password: \*

Verify Password: \*

**Note:** After clicking the Submit button, if you registered successfully, you will be direct to the registration results page. You will be required to print out the user agreement form, fill it out, sign it and mail it or fax it in to the address given.

Submit



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- **After submitting the profile information....**

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Your account has been created but it is not yet activated. In order to activate your account you must follow these steps.

1. Click the button below to print the user agreement.
2. Fill out the required parts and sign it.
3. Mail it or fax it in to the address given in the top.

[Click here to print the user agreement using Adobe](#)

[Click here to print the user agreement in HTML format](#)

**NOTE:** You will need to have Adobe Reader installed in order to print the agreement in Adobe. If you don't have Adobe Reader please click the Adobe link to download it.



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FEDERAL IMMEDIATE AND FIVE DAY REPORTING SYSTEM USER AGREEMENT  
Print Date: 1/4/2011

MAIL TO:

Agency for Health Care Administration  
2727 Mahan Dr.  
Mail Stop 49  
Tallahassee, FL 32308

Facility Name: Westminster Oaks  
License Nbr: 1599096  
User ID: JOHNDOE

Anyone with access to this website must abide by the following:

- Do not disclose or lend your USER ID AND/OR PASSWORD to anyone. These are for your use only and will serve as your "electronic signature". This means that you may be held responsible for the consequences of unauthorized or illegal transactions.
- Do not browse or use this information for unauthorized or illegal purposes.
- Do not make any disclosure of this data that is not specifically authorized.
- Do not intentionally cause corruption or disruption of data.

If you become aware of any violation of these security requirements or suspect that someone may have used your user ID or password, immediately report that information to the Agency for Health Care Administration's Complaint Administration Unit at 850-412-4504.

By accessing this website, I agree to follow the Agency for Health Care Administration's policies regarding acceptable use and protection of confidential information. By signing this document, I acknowledge reading, understanding and agreeing to its contents. I understand it may take up to ten business days after submission to AHCA for my access to the system to be activated.

User Signature: \_\_\_\_\_ Date: \_\_\_\_\_

User Printed Name: \_\_\_\_\_

Facility Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Printed Name: \_\_\_\_\_

PLEASE REMEMBER TO SUBMIT A CURRENT COPY OF THE FACILITY LICENSE WITH YOUR REQUEST!

AHCA USE ONLY	
DATE AUTHENTICATED: _____	STAFF SIGNATURE: _____

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• AHCA approves the user...

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The screenshot shows the AHCA logo and tagline 'Better Health Care for All Floridians' at the top. Below this is the title 'Nursing Homes Federal Reporting'. The main content is a 'User Login' dialog box with the following elements:

- User Login** (Section Header)
- Enter User ID:** johndoe (Text input field)
- Enter Password:** •••••• (Password input field)
- Login** (Button)
- Cancel** (Button)
- [Forgot your password?](#) (Link)
- [New User?](#) (Link)

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The screenshot shows the AHCA logo and tagline 'Better Health Care for All Floridians' at the top. The main content area is mostly blank, with a large blue bullet point and text:

- **User logs in...**

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## NURSING HOMES FEDERAL REPORTING

Welcome johndoe [ [Log Out](#) ]

[Start New Immediate Report](#)   [View All Reports](#)

### WELCOME TO NURSING HOMES FEDERAL REPORTING

Welcome to AHCA's online reporting system for federal immediate and five day reports! This website is for reporting only those incidents required by federal regulations for nursing homes. Please follow the instructions on the website for completion of your reports. If you have questions regarding submission of your federal reports, please contact AHCA's Complaint Administration Unit at 850-412-4504.

WESTMINSTER OAKS			PRESBYTERIAN RETIREMENT COMMUNITIES INC		
Name of Facility			Facility Owner (corporation, partnership, individual, etc)		
4449 MEANDERING WAY			4449 MEANDERING WAY		
Street Address			Mailing Address		
TALLAHASSEE	FL	32308	TALLAHASSEE	FL	32308
City	State	Zip	City	State	Zip
LEON		(850) 878-1136			(850) 878-1136
County		Telephone Number 1			Telephone # 2
		(850) 878-1466	1599096		23709
		Fax	Facility License Number		Facility File Number

If you find there are errors on this page regarding the licensure data for your facility, please contact AHCA's Long Term Care Unit. That number is 850-412-4303.


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- The “View All Reports” screen displays all the reports submitted by the their facility.

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**NURSING HOMES FEDERAL REPORTING** Welcome johndoe [ [Log Out](#) ]

[Start New Immediate Report](#)   [View All Reports](#)

View All Reports For: WESTMINSTER OAKS

Immediate Reports

	Report Number	Date of Incident	Time Of Incident	Created By	Created Date	5 Day Report
<a href="#">Manage Report</a>	69	11/30/2010	01:16:00	evanlarsen	12/16/2010 9:06:11 AM	<a href="#">Create Report</a>
<a href="#">Manage Report</a>	78	12/29/2010	16:04:00	evanlarsen	12/21/2010 10:21:43 AM	<a href="#">Create Report</a>
<a href="#">Manage Report</a>	87	11/28/2010	13:05:00	evanlarsen	1/2/2011 1:03:50 PM	<a href="#">Create Report</a>
<a href="#">Manage Report</a>	108	12/28/2010	15:02:00	evanlarsen	1/2/2011 4:51:50 PM	<a href="#">Create Report</a>

5 Day Reports

	Report Number	Date of Incident	Time Of Incident	Created By	Created Date
<a href="#">Manage Report</a>	79	12/06/2010	06:04:00	evanlarsen	12/21/2010 12:37:08 PM
<a href="#">Manage Report</a>	107	11/28/2010	13:05:00	evanlarsen	1/3/2011 1:57:51 PM

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# Starting a new “Immediate Report”...

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[Start New Immediate Report](#)   [View All Reports](#)

### Immediate Report [Save report](#)


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- [Facility Information](#)
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- [Alleged Perpetrator Information](#)
- [Witness Information](#)
- [Date/Time of Incident](#)
- [Type Of Incident](#)
- [Who's been notified?](#)
- [Description of Incident](#)
- [Facility's immediate response](#)
- [Summary](#)

#### Reporting Person Information

First Name	<input type="text" value="Evan"/>
Last Name	<input type="text" value="Larson"/>
Position	<input type="text" value="Programmer"/>
E-Mail	<input type="text" value="larsene@ahca.myflorida.c"/>
Telephone	<input type="text" value="(850)412-4820"/>

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**NURSING HOMES FEDERAL REPORTING** Welcome **Johndoe** | [Log Out](#) |

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- [Summary](#)

#### Facility Information

<b>WESTMINSTER OAKS</b>	<b>PRESBYTERIAN RETIREMENT COMMUNITIES INC</b>
Name of Facility	Facility Owner (corporation, partnership, individual, etc)
<b>4449 MEANDERING WAY</b>	<b>4449 MEANDERING WAY</b>
Street Address	Mailing Address
<b>TALLAHASSEE FL 32308</b>	<b>TALLAHASSEE FL 32308</b>
City State Zip	City State Zip
<b>LEON (850) 878-1136</b>	<b>(850) 878-1136</b>
County Telephone Number 1	Telephone # 2
<b>(850) 878-1466 1599096</b>	<b>23709</b>
County Telephone Number 1	Facility License Number
<b>(850) 878-1466 1599096</b>	Facility File Number
Email	Facility File Number

If you find there are errors on this page regarding the licensure data for your facility, please contact AHCA's Long Term Care Unit. That number is 850-412-4303.

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### NURSING HOMES FEDERAL REPORTING

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- Facility's immediate response
- Summary


#### Required Resident Information

[Add Resident](#)

First Name	MI	Last Name
✖ Grandma	Larsen	
✖ Grandpa	Larsen	

[Previous](#) | [Next](#)

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### NURSING HOMES FEDERAL REPORTING

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#### Alleged Perpetrator Information

[Add Perpetrator](#)

First Name	MI	Last Name	Title/Position	License/Certification
✖ John	Smith	Janitor		

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#### Witness Information

First Name	MI	Last Name	Title/Position
Mary	M	Jane	Nurse
Jane		Doe	Visitor

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### Immediate Report

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#### Date/Time of Incident

Date of incident (MM/DD/YYYY): 12/15/2010

Time of Incident (hour:minute): 5 : 00 : PM

Actual Time  Time Discovered

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NURSING HOMES FEDERAL REPORTING

Welcome johndoe [ Log Out ]

Start New Immediate Report View All Reports

Immediate Report

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- Facility's immediate response
- Summary

What type of Incident are you reporting?

- Abuse
- Neglect
- Misappropriation of resident property
- Injury of Unknown Source

Please click on an incident below to view the definition

Abuse

Neglect

Misappropriation of resident property

"Misappropriation of resident property" means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent.

Injury of Unknown Source

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- Description of Incident
- Facility's immediate response
- Summary

Who has been notified?

- Abuse Registry
- Law Enforcement
- Resident Representative

Previous

Next

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The screenshot shows the AHCA (Florida Agency for Health Care Administration) web application for Nursing Homes Federal Reporting. The header includes the AHCA logo and the slogan "Better Health Care for All Floridians". The main navigation bar displays "NURSING HOMES FEDERAL REPORTING" and a user greeting "Welcome johndoe | Log Out |". Below this, there are links for "Start New Immediate Report" and "View All Reports". The main content area is titled "Immediate Report" and features a "Save report" button. A "Navigation Menu" on the left lists various report sections, each with a green checkmark: Reporting Person Information, Facility Information, Required Resident Information, Alleged Perpetrator Information, Witness Information, Date/Time of Incident, Type Of Incident, and Who's been notified. Below the menu are links for "Description of Incident", "Facility's immediate response", and "Summary". The main form area is titled "Provide a clear description of incident" and contains a text input field with placeholder text: "Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum." At the bottom of the form are "Previous" and "Next" buttons. The footer of the page is "AHCA.MyFlorida.com".

The slide features the AHCA logo and slogan at the top. The main content is a Q&A pair presented in a white box with a blue border. The question asks what happens if a phone rings and a report cannot be finished. The answer states that users can save their progress and return later by clicking the "save" button. The footer of the slide is "AHCA.MyFlorida.com".

**Q:What happens if the phone rings and you can't finish your report?**

**A:You can save what you have and come back to it later by clicking the "save" button.**

The screenshot shows the AHCA (Florida Agency for Health Care Administration) website interface for 'Nursing Homes Federal Reporting'. The user is logged in as 'JohnDoe'. The main content area is titled 'Immediate Report' and contains a 'Navigation Menu' with several items checked, including 'Reporting Person Information', 'Facility Information', 'Required Resident Information', 'Alleged Perpetrator Information', 'Witness Information', 'Date/Time of Incident', 'Type Of Incident', and 'Who's been notified?'. The main form area is titled 'Provide a clear description of incident' and contains a text area with placeholder text. A modal dialog box is open over the text area, asking: 'This does not submit your report. This just saves your unfinished report so you can come back and start it later. Are you sure you wish to save for later?' with 'OK' and 'Cancel' buttons. A 'Save report' link is visible in the top right corner of the form area. Navigation buttons 'Previous' and 'Next' are at the bottom right.

This screenshot shows the same 'Immediate Report' form after the user has saved it. A red arrow points from the text 'Notice the report has been saved and a new button appears' to the 'Continue Unfinished Report' button in the top navigation bar. The modal dialog box is no longer present. The text area now contains a different paragraph of placeholder text. A status message 'Unfinished Report has been Saved!' is displayed in the top right corner of the form area. The 'Save report' link is no longer visible. The 'Previous' and 'Next' buttons remain at the bottom right.



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# Visiting the “Continue Unfinished Report” page...

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## NURSING HOMES FEDERAL REPORTING

Welcome johndoe [ [Log Out](#) ]

[Start New Immediate Report](#)
[Continue Unfinished Report](#)
[View All Reports](#)

### Saved Immediate Reports

WESTMINSTER OAKS

	Report Number	Created By	Created Date
<a href="#">Delete</a> <a href="#">Continue Report</a>	0	johndoe	1/4/2011 9:55:22 PM

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# Choosing to continue the unfinished report...

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## NURSING HOMES FEDERAL REPORTING

Welcome johndoe | [Log Out](#) |

[Start New Immediate Report](#)   [Continue Unfinished Report](#)   [View All Reports](#)

### Immediate Report [Save report](#)

#### Navigation Menu

Reporting Person Information

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- [Type Of Incident](#)
- [Who's been notified?](#)
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- [Facility's immediate response](#)
- [Summary](#)

#### Reporting Person Information

First Name	<input type="text" value="Evan"/>
Last Name	<input type="text" value="Larsen"/>
Position	<input type="text" value="Programmer"/>
E-Mail	<input type="text" value="larsene@ahca.myflorida.c"/>
Telephone	<input type="text" value="(850)412-4820"/>

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**NURSING HOMES FEDERAL REPORTING** Welcome [JohnDoe](#) | [Log Out](#)

[Start New Immediate Report](#)   
 [Continue Unfinished Report](#)   
 [View All Reports](#)

Save report

### Immediate Report

**Navigation Menu**


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- [Who's been notified?](#)
- [Description of Incident](#)
- [Facility's immediate response Summary](#)

Provide a clear description of the facility's immediate response

>Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

Previous    Next

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**NURSING HOMES FEDERAL REPORTING** Welcome [JohnDoe](#) | [Log Out](#)

[Start New Immediate Report](#)   
 [Continue Unfinished Report](#)   
 [View All Reports](#)

Save report

### Immediate Report

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Summary Verification Page

Please verify that all of the information is complete and accurately reflects the incident you are reporting.

If you wish to make corrections, then use the menu on the left to navigate the screens.

If the report is complete, then you must press the submit button located at the bottom of this screen.

Thank you.

**Reporting Person Information**

First Name	Last Name	Position	E-Mail	Telephone
Evan	Larsen	Programmer	larsene@ahca.myflorida.com	(850)412-4820

**Facility Information**

WESTMINSTER OAKS			PRESBYTERIAN RETIREMENT COMMUNITIES INC		
Name of Facility			Facility Owner (corporation, partnership, individual, etc)		
4449 MEANDERING WAY			4449 MEANDERING WAY		
Street Address			Mailing Address		
TALLAHASSEE	FL	32308	TALLAHASSEE	FL	32308
City	State	Zip	City	State	Zip
LEON		(850) 878-1136			(850) 878-1136
County		Telephone Number 1			Telephone # 2
		(850) 878-1466	1599096		23709
		Fax	Facility License Number		Facility File Number

If you find there are errors on this page regarding the licensure data for your facility, please contact AHCA's Long Term Care Unit. That number is 850-412-4303.

**Resident Information**

First Name	Middle Initial	Last Name

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**AHCA**  
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

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Grandma: Larsen  
Grandpa: Larsen

**Alleged Perpetrator Information**

First Name	Middle Initial	Last Name	Title/Position	License Number
John		Smith	Janitor	

**Witness Information**

First Name	Middle Initial	Last Name	Title/Position
Mary	M	Jane	Nurse
Jane		Doe	Visitor

**Date and Time of Incident**

Date of Incident	Time of Incident
12/15/2010	5:00 AM

**Reported Event**  
Neglect

**Who has been notified and when**

Abuse Registry Notified: 12/16/2010  
Law Enforcement Notified: 12/16/2010

**Description of Incident**

Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

**Immediate Response to Incident**

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Previous Finish

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**After submitting the report,  
you will be brought to a  
“PDF” version of the report  
so you can save or print.**

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**NURSING HOMES FEDERAL REPORTING** Welcome **JohnDoe** | [Log Out](#) |

[Start New Immediate Report](#) | [View All Reports](#)

You have submitted your Immediate Report. Please take the time to print or save this copy and then submit your followup 5 Day report within the required time frames.

**Nursing Homes Federal Reporting**  
**Immediate Report**

Report # 115

Reporting Person Information

First Name: Evan  
Last Name: Larsen  
Position: Programmer  
E-mail: [larsene@ahca.myflorida.com](mailto:larsene@ahca.myflorida.com)  
Telephone: (850)412-4829

Facility Information

Facilities Name: WESTMINSTER OAKS  
Address: 4449 MEANDERING WAY  
City: TALLAHASSEE  
Zip: 32308  
Telephone: (850) 878-1136  
Fax Number: (850) 878-1466  
License #: 1599096

Resident Information

First Name	Middle Initial	Last Name
Grandpa		Doe
Grandma		Doe

Assigned Personnel Information

First Name	Middle Initial	Last Name	Capacity	License Number
John		Smith	Janitor	


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# Visiting the “View All Reports” page...

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**NURSING HOMES FEDERAL REPORTING** Welcome johndoe [ [Log Out](#) ]

[Start New Immediate Report](#) [View All Reports](#)

View All Reports For: WESTMINSTER OAKS


Immediate Reports

	Report Number	Date of Incident	Time Of Incident	Created By	Created Date	5 Day Report
<a href="#">Manage Report</a>	69	11/30/2010	01:16:00	evanlarsen	12/16/2010 9:06:11 AM	<a href="#">Create Report</a>
<a href="#">Manage Report</a>	78	12/29/2010	16:04:00	evanlarsen	12/21/2010 10:21:43 AM	<a href="#">Create Report</a>
<a href="#">Manage Report</a>	87	11/28/2010	13:05:00	evanlarsen	1/2/2011 1:03:50 PM	<a href="#">Create Report</a>
<a href="#">Manage Report</a>	108	12/28/2010	15:02:00	evanlarsen	1/2/2011 4:51:50 PM	<a href="#">Create Report</a>
<a href="#">Manage Report</a>	115	12/15/2010	05:00:00	johndoe	1/4/2011 10:24:31 PM	<a href="#">Create Report</a>

5 Day Reports

	Report Number	Date of Incident	Time Of Incident	Created By	Created Date
<a href="#">Manage Report</a>	79	12/06/2010	06:04:00	evanlarsen	12/21/2010 12:37:08 PM
<a href="#">Manage Report</a>	107	11/28/2010	13:05:00	evanlarsen	1/3/2011 1:57:51 PM
<a href="#">Manage Report</a>	114	12/15/2010	17:00:00	johndoe	1/4/2011 10:47:11 PM

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**Clicking on “Manage Report” for the recently submitted report...**

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**NURSING HOMES FEDERAL REPORTING** Welcome **JohnDoe** | Log Out |

Start New Immediate Report | View All Reports

### Immediate Report Manager

Report Number	Facility Name	Current Status
114	WESTMINSTER OAKS	Immediate - Awaiting Review

Report | Comments | Status Log

#### View Report

1 / 2 | 89.7% | Comment | Share

**AHCA** Nursing Homes Federal Reporting  
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION  
**Immediate Report**  
Report # 114

Reporting Person Information

**First Name** Evan  
**Last Name** Larsen  
**Position** Programmer  
**E-mail** larsene@ahca.myflorida.com  
**Telephone** (850)412-4820

Facility Information

**Facilities Name** WESTMINSTER OAKS  
**Address** 4449 MEANDERING WAY  
**City** TALLAHASSEE  
**Zip** 32308  
**Telephone** (850) 878-1136  
**Fax Number** (850) 878-1466  
**License #** 1599096

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# Clicking "comments" tab...

AHCA.MyFlorida.com

The screenshot displays the AHCA (Florida Agency for Health Care Administration) website interface. At the top left is the AHCA logo with the tagline "Better Health Care for All Floridians". The main header reads "NURSING HOMES FEDERAL REPORTING" and includes a user greeting "Welcome johndoe [Log Out]". Below the header are two buttons: "Start New Immediate Report" and "View All Reports". The main content area is titled "Immediate Report Manager" and shows details for report number 114 at Westminister Oaks, with a status of "Immediate - Awaiting Review". There are tabs for "Report", "Comments", and "Status Log". The "Comments" tab is active, showing a message "There are no comments..." and an "Add Comment" section with a text input field and an "Add Comment" button. The URL "AHCA.MyFlorida.com" is visible at the bottom.

This screenshot shows the same AHCA website interface as the first image. The "Status Log" tab is highlighted, and the text "Status log" tab..." is overlaid in large, bold black font across the center of the page. The AHCA logo and tagline are visible at the top, and the URL "AHCA.MyFlorida.com" is at the bottom.



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NURSING HOMES FEDERAL REPORTING Welcome johndoe [ [Log Out](#) ]

Start New Immediate Report | View All Reports

### Immediate Report Manager

Quick facts


Report Number	Facility Name	Current Status
114	WESTMINSTER OAKS	Immediate - Awaiting Review

Report | Comments | Status Log

#### Status Log

StatusType	Comment	CreatedBy	CreateDate
Immediate - Awaiting Review	Initial Submission	johndoe	1/4/2011 10:07:03 PM


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**To follow up an Immediate Report with a 5-Day, visit the “View All Reports” page and click on “create report”.**

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**NURSING HOMES FEDERAL REPORTING** Welcome johndoe [ [Log Out](#) ]

[Start New Immediate Report](#) | [View All Reports](#)

**View All Reports For: WESTMINSTER OAKS**

Immediate Reports

	Report Number	Date of Incident	Time Of Incident	Created By	Created Date	5 Day Report
<a href="#">Manage Report</a>	69	11/30/2010	01:16:00	evanlarsen	12/16/2010 9:06:11 AM	<a href="#">Create Report</a>
<a href="#">Manage Report</a>	78	12/29/2010	16:04:00	evanlarsen	12/21/2010 10:21:43 AM	<a href="#">Create Report</a>
<a href="#">Manage Report</a>	87	11/28/2010	13:05:00	evanlarsen	1/2/2011 1:03:50 PM	<a href="#">Create Report</a>
<a href="#">Manage Report</a>	108	12/28/2010	15:02:00	evanlarsen	1/2/2011 4:51:50 PM	<a href="#">Create Report</a>
<a href="#">Manage Report</a>	115	12/15/2010	05:00:00	johndoe	1/4/2011 10:24:31 PM	<a href="#">Create Report</a>

5 Day Reports

	Report Number	Date of Incident	Time Of Incident	Created By	Created Date
<a href="#">Manage Report</a>	79	12/06/2010	06:04:00	evanlarsen	12/21/2010 12:37:08 PM
<a href="#">Manage Report</a>	107	11/28/2010	13:05:00	evanlarsen	1/3/2011 1:57:51 PM
<a href="#">Manage Report</a>	114	12/15/2010	17:00:00	johndoe	1/4/2011 10:47:11 PM

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**NURSING HOMES FEDERAL REPORTING** Welcome johndoe [ [Log Out](#) ]

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**Five Day Report**

**Navigation Menu**

[Reporting Person Information](#)

[Immediate Report Summary](#)

[Investigative Findings](#)

[Substantiated](#)

[Measures Implemented](#)

[Summary](#)

**Reporting Person Information**

First Name	<input type="text" value="Evan"/>
Last Name	<input type="text" value="Larsen"/>
Position	<input type="text" value="Programmer"/>
E-Mail	<input type="text" value="larsene@ahca.myflorida.c"/>
Telephone	<input type="text" value="(850)412-4820"/>

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**NURSING HOMES FEDERAL REPORTING**

Welcome **JohnDoe** | [Log Out](#) |

[Start New Immediate Report](#)    [View All Reports](#)

**Five Day Report**

- Navigation Menu**
- [Reporting Person Information](#)
- [Immediate Report Summary](#)
- [Investigative Findings](#)
- [Substantiated](#)
- [Measures Implemented](#)
- [Summary](#)

**Immediate Report Summary**

**Reporting Person Information**

First Name	Last Name	Position	E-Mail	Telephone
Evan	Larsen	Programmer	larsene@ahca.myflorida.com	(850)412-4820

**Facility Information**

WESTMINSTER OAKS			PRESBYTERIAN RETIREMENT COMMUNITIES INC		
Name of Facility			Facility Owner (corporation, partnership, individual, etc)		
4449 MEANDERING WAY			4449 MEANDERING WAY		
Street Address			Mailing Address		
TALLAHASSEE	FL	32308	TALLAHASSEE	FL	32308
City	State	Zip	City	State	Zip
LEON		(850) 878-1136			(850) 878-1136
County		Telephone Number 1			Telephone # 2
		(850) 878-1466	1599096		23709
		Telephone Number 2			Facility License Number
					Facility File Number

If you find there are errors on this page regarding the licensure data for your facility, please contact AHCA's Long Term Care Unit. That number is 850-412-4303.

**Resident Information**

First Name	Middle Initial	Last Name
Grandma		Larsen
Grandpa		Larsen

**Alleged Perpetrator Information**

First Name	Middle Initial	Last Name	Title/Position	License Number
John		Smith	Janitor	

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**Witness Information**

First Name	Middle Initial	Last Name	Title/Position
Mary	M	Jane	Nurse
Jane		Doe	Visitor

**Date and Time of Incident**

Date of Incident	Time of Incident
12/15/2010	5:00 AM

**Reported Event**

Neglect

**Who has been notified and when**

Abuse Registry Notified	12/16/2010
Law Enforcement Notified	12/16/2010

**Description of Incident**

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**Immediate Response to Incident**

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**NURSING HOMES FEDERAL REPORTING** Welcome johndoe [ [Log Out](#) ]

[Start New Immediate Report](#) [View All Reports](#)

### Five Day Report

**Navigation Menu**

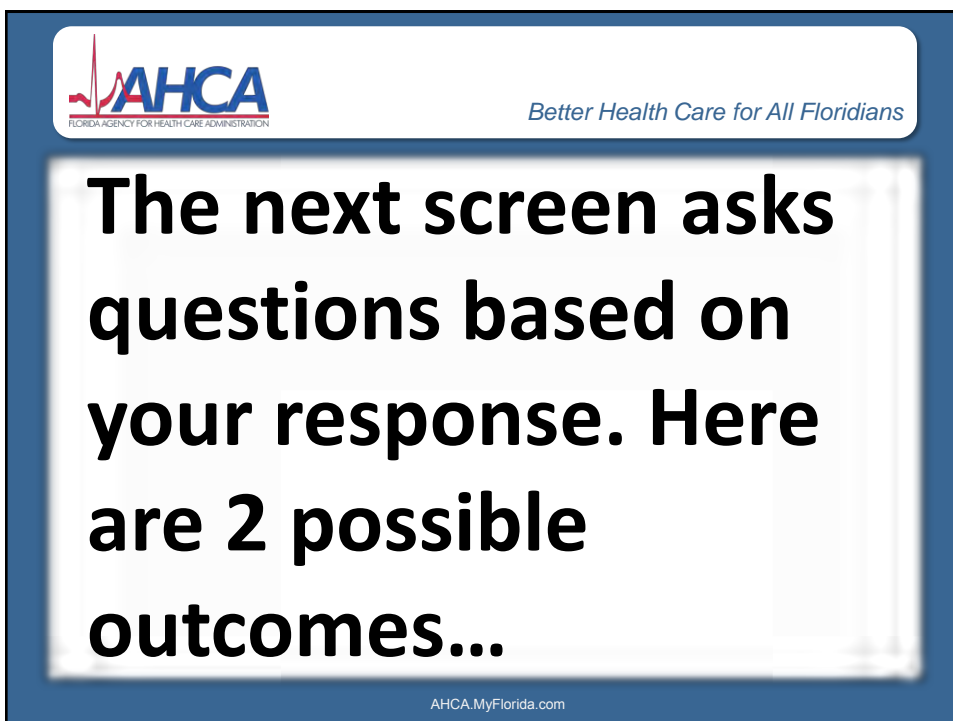
- ✓ [Reporting Person Information](#)
- ✓ [Immediate Report Summary](#)
- Investigative Findings
  - [Substantiated](#)
  - [Measures Implemented](#)
  - [Summary](#)

Please specify what the facility investigative findings were.

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**The next screen asks questions based on your response. Here are 2 possible outcomes...**

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NURSING HOMES FEDERAL REPORTING

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Start New Immediate Report

View All Reports

Five Day Report

- Navigation Menu
- Reporting Person Information
- Immediate Report Summary
- Investigative Findings
- Substantiated
- Measures Implemented
- Summary

Was the allegation substantiated?

- Substantiated
- Not Substantiated

If there is a licensing board for the person/s determined to have abused/neglected or exploited a resident, was that board notified?

- No Board
- Yes
- No

Please provide the date the board was notified.

12/17/2010

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NURSING HOMES FEDERAL REPORTING

Welcome johndoe [ Log Out ]

Start New Immediate Report

View All Reports

Five Day Report

- Navigation Menu
- Reporting Person Information
- Immediate Report Summary
- Investigative Findings
- Substantiated
- Measures Implemented
- Summary

Was the allegation substantiated?

- Substantiated
- Not Substantiated

If there is a licensing board for the person/s determined to have abused/neglected or exploited a resident, was that board notified?

- No Board
- Yes
- No

Please explain why the board was not notified.

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**NURSING HOMES FEDERAL REPORTING** Welcome johndoe | [Log Out](#)

Start New Immediate Report    View All Reports

### Five Day Report

**Navigation Menu**


- [Reporting Person Information](#)
- [Immediate Report Summary](#)
- [Investigative Findings](#)
- [Substantiated](#)
- [Measures Implemented](#)
- [Summary](#)

#### What measures did facility staff implement as a result of the findings?

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**NURSING HOMES FEDERAL REPORTING** Welcome johndoe | [Log Out](#)

Start New Immediate Report    View All Reports

### Five Day Report

**Navigation Menu**

- [Reporting Person Information](#)
- [Immediate Report Summary](#)
- [Investigative Findings](#)
- [Substantiated](#)
- [Measures Implemented](#)
- [Summary](#)

#### Five Day Summary Verification Page

**Please verify that all of the information is complete and accurately reflects the incident you are reporting.**

**If you wish to make corrections, then use the menu on the left to navigate the screens.**

**If the report is complete, then you must press the submit button located at the bottom of this screen.**

Thank you.

#### Reporting Person Information

First Name	Last Name	Position	E-Mail	Telephone
Evan	Larsen	Programmer	larsene@ahca.myflorida.com	(850)412-4820

#### Facility Information

WESTMINSTER OAKS			PRESBYTERIAN RETIREMENT COMMUNITIES INC		
Name of Facility			Facility Owner (corporation, partnership, individual, etc)		
4449 MEANDERING WAY			4449 MEANDERING WAY		
Street Address			Mailing Address		
TALLAHASSEE	FL	32308	TALLAHASSEE	FL	32308
City	State	Zip	City	State	Zip
LEON		(850) 878-1136			(850) 878-1136
County	Telephone Number 1		Telephone # 2		
	(850) 878-1466	1599096	23709		
Email	Fax	Facility License Number	Facility File Number		

If you find there are errors on this page regarding the licensure data for your facility, please contact AHCA's Long Term Care Unit. That number is 850-412-4303.

#### Resident Information

First Name	Middle Initial	Last Name
Grandma		Larsen
Grandpa		Larsen

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**Alleged Perpetrator Information**

First Name	Middle Initial	Last Name	Title/Position	License Number
John		Smith	Janitor	

**Witness Information**

First Name	Middle Initial	Last Name	Title/Position
Mary	M	Jane	Nurse
Jane		Doe	Visitor

**Date and Time of Incident**

Date of Incident	Time of Incident
12/15/2010	5:00 AM

**Reported Event**

Neglect

**Who has been notified and when**

Abuse Registry Notified	12/16/2010
Law Enforcement Notified	12/16/2010

**Description of Incident**

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**Immediate Response to Incident**

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**Facility Investigative Findings**

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**Allegation Substantiated?** Yes

**Was Licensing Board notified?**

No

**Reason Board was not notified:**

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**Corrective Actions / Actions to be taken**

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Finish

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**After submitting the 5-Day Report you are brought to a “PDF” version which you can print and save.**

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**NURSING HOMES FEDERAL REPORTING**

Welcome johndoe [ Log Out ]

[Start New Immediate Report](#)   [View All Reports](#)

You have submitted your Five Day Report. Please take the time to print or save this copy.

		<p>Nursing Homes Federal Reporting</p> <p>Five Day Report</p>
<p><u>Reporting Person Information:</u></p>		<p>Report # 114</p>
First Name	Evan	
Last Name	Larsen	
Position	Programmer	
E-mail	larsene@ahca.myflorida.com	
Telephone	(850)412-4820	
<p><u>Facility Information:</u></p>		
Facilities Name	WESTMINSTER OAKS	
Address	4449 MEANDERING WAY	
City	TALLAHASSEE	
Zip	32308	
Telephone	(850) 878-1136	
Fax Number	(850) 878-1466	
License #	1599096	
<p><u>Resident Information:</u></p>		

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**Once AHCA reviews the report, the will be “Awaiting Updated Information” if additional information is needed. You will need to update the report before it is closed. So, next time you sign in...**

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A new menu option appears showing I have reports needing updates.

**NURSING HOMES FEDERAL REPORTING**

Welcome johndoe [ Log Out ]

- Start New Immediate Report
- View All Reports
- Update Required Reports**


**WELCOME TO NURSING HOMES FEDERAL REPORTING**

Welcome to AHCA's online reporting system for federal immediate and five day reports! This website is for reporting only those incidents required by federal regulations for nursing homes. Please follow the instructions on the website for completion of your reports. If you have questions regarding submission of your federal reports, please contact AHCA's Complaint Administration Unit at 850-412-4504.

<b>WESTMINSTER OAKS</b>			<b>PRESBYTERIAN RETIREMENT COMMUNITIES INC</b>		
Name of Facility			Facility Owner (corporation, partnership, individual, etc)		
4449 MEANDERING WAY			4449 MEANDERING WAY		
Street Address			Mailing Address		
TALLAHASSEE	FL	32308	TALLAHASSEE	FL	32308
City	State	Zip	City	State	Zip
LEON		(850) 878-1136			(850) 878-1136
County		Telephone Number 1			Telephone # 2
		(850) 878-1466	1599096	23709	
			Facility License Number	Facility File Number	

If you find there are errors on this page regarding the licensure data for your facility, please contact AHCA's Long Term Care Unit. That number is 850-412-4303.

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NURSING HOMES FEDERAL REPORTING Welcome johndoe [ [Log Out](#) ]

Start New Immediate Report   View All Reports   **Update Required Reports**

View All Incomplete Reports For: WESTMINSTER OAKS

Immediate Reports

	Report Number	Date of Incident	Time Of Incident	Created By	Created Date
<a href="#">Manage Report</a> <a href="#">Update</a>	78	12/29/2010	16:04:00	evanlarsen	12/21/2010 10:21:43 AM

5 Day Reports

	Report Number	Date of Incident	Time Of Incident	Created By	Created Date
<a href="#">Manage Report</a> <a href="#">Update</a>	79	12/06/2010	06:04:00	evanlarsen	12/21/2010 12:37:08 PM
<a href="#">Manage Report</a> <a href="#">Update</a>	114	12/15/2010	17:00:00	johndoe	1/4/2011 10:47:11 PM


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**Visiting “report manager” to see why the report needs to be updated...**

AHCA.MyFlorida.com



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**NURSING HOMES FEDERAL REPORTING** Welcome johndoe | [Log Out](#)

Start New Immediate Report   View All Reports   **Update Required Reports**

### Five Day Report Manager


Quick Facts  
 Report Number: **114**   Facility Name: **WESTMINSTER OAKS**   Current Status: **Five Day - Awaiting Updated Information**

Report   Comments   Status Log

#### Status Log

StatusType	Comment	CreatedBy	CreateDate
Immediate - Awaiting Review	Initial Submission	johndoe	1/4/2011 10:07:03 PM
Five Day - Awaiting Review	Initial Submission	johndoe	1/4/2011 10:47:11 PM
Five Day - Awaiting Updated Information	I dont speak latin!!!	test01	1/4/2011 10:53:06 PM

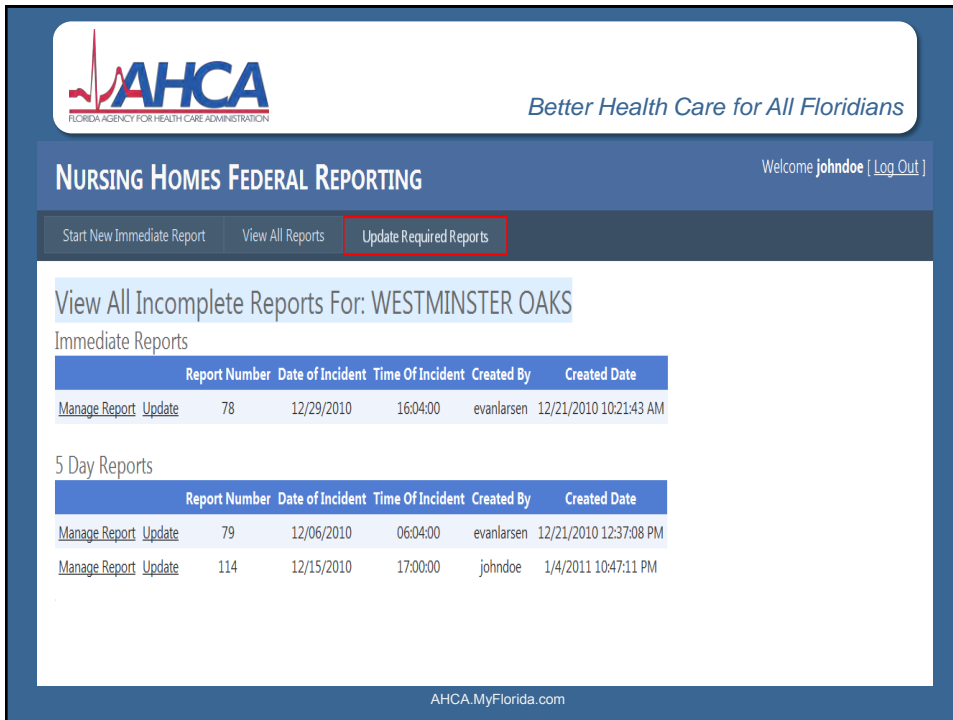
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# Going back to “Update Required Reports” to update the report...

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NURSING HOMES FEDERAL REPORTING Welcome johndoe | [Log Out](#)

Start New Immediate Report | View All Reports | **Update Required Reports**

View All Incomplete Reports For: WESTMINSTER OAKS

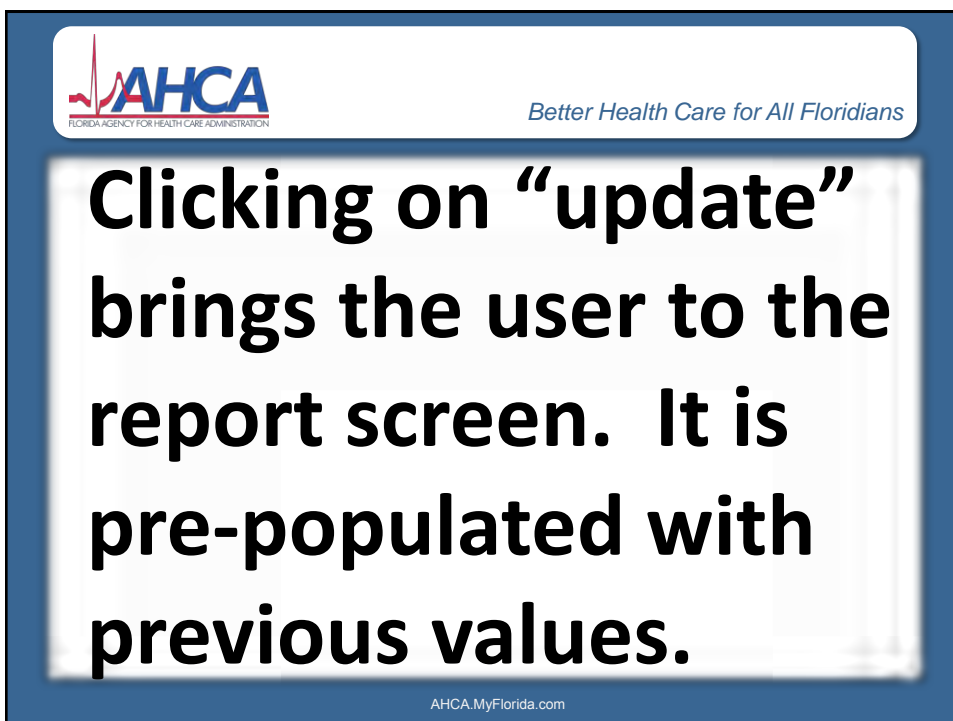
Immediate Reports

	Report Number	Date of Incident	Time Of Incident	Created By	Created Date
<a href="#">Manage Report</a> <a href="#">Update</a>	78	12/29/2010	16:04:00	evanlarsen	12/21/2010 10:21:43 AM

5 Day Reports

	Report Number	Date of Incident	Time Of Incident	Created By	Created Date
<a href="#">Manage Report</a> <a href="#">Update</a>	79	12/06/2010	06:04:00	evanlarsen	12/21/2010 12:37:08 PM
<a href="#">Manage Report</a> <a href="#">Update</a>	114	12/15/2010	17:00:00	johndoe	1/4/2011 10:47:11 PM

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**Clicking on “update”  
brings the user to the  
report screen. It is  
pre-populated with  
previous values.**

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The screenshot shows the AHCA (Florida Agency for Health Care Administration) web application for Nursing Homes Federal Reporting. The header includes the AHCA logo and the slogan "Better Health Care for All Floridians". The user is logged in as "JohnDoe" and can click "Log Out". The main navigation bar has three options: "Start New Immediate Report", "View All Reports", and "Update Required Reports" (which is highlighted with a red box). The main content area is titled "Five Day Report" and contains a sidebar with a tree view of report sections: "Reporting Person Information", "Immediate Report Summary", "Investigative Findings", "Substantiated", "Measures Implemented", and "Summary". The "Reporting Person Information" section is active, showing a form with the following fields:

First Name	Evan
Last Name	Larsen
Position	Programmer
E-Mail	larsene@ahca.myflorida.c
Telephone	(850)412-4820

A "Next" button is located at the bottom right of the form. The URL "AHCA.MyFlorida.com" is visible at the bottom of the page.

The slide features the AHCA logo and slogan "Better Health Care for All Floridians" at the top. The main message is centered in a large, bold, black font:

**Thank you!**  
**We look forward to**  
**working with you on**  
**this new venture!**

The URL "AHCA.MyFlorida.com" is displayed at the bottom of the slide.



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# QUESTIONS ?

[AHCA.MyFlorida.com](http://AHCA.MyFlorida.com)