

Agency for Health Care Administration

|                                                                   |                                                                                                                                                                                                                                                                     |                                                                                |                                                                                                                          |                          |                                                        |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11953349</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                                                         |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/13/2012</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>EMERITUS AT FORT MYERS</b> |                                                                                                                                                                                                                                                                     |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1896 PARK MEADOW DRIVE<br/>FORT MYERS, FL 33907</b>                          |                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                          | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                        | ID<br>PREFIX<br>TAG                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                        |
| A 000                                                             | <p><b>Initial Comments</b></p> <p>These are the results for Complaint survey CCR# 2012008400 conducted on 8/13/12 at Emeritus at Fort Myers, and Assisted Living Facility.</p> <p>There was one allegation regarding dietary services and it was not confirmed.</p> | A 000                                                                          |                                                                                                                          |                          |                                                        |

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0000

3FJW11

If continuation sheet 1 of 1

RICK SCOTT  
GOVERNOR



*Better Health Care for all Floridians*

ELIZABETH DUDEK  
SECRETARY

August 21, 2012

Administrator  
Emeritus At Fort Myers  
1896 Park Meadow Drive  
Fort Myers, FL 33907

**Re: CCR #2012008400**

Dear Administrator:

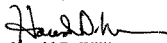
This letter reports the findings of a complaint survey completed on August 13, 2012 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies and Plan of Correction, Form CMS-2567, and State (3020) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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

Sincerely,



Harold D. Williams  
Field Office Manager

bw  
Enclosure

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Headquarters  
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Tallahassee, FL 32308  
<http://ahca.myflorida.com>



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