

9/26/2012

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11964388	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 9/25/2012
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Name of Facility

EMERITUS AT TUSKAWILLA

Street Address, City, State, Zip Code

1016 WILLA SPRINGS DRIVE
WINTER SPRINGS, FL 32708

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0076 Reg. # 58A-5.0186 FAC LSC	Correction Completed 09/25/2012	ID Prefix A0086 Reg. # 58A-5.0191(9) FAC LSC	Correction Completed 09/25/2012	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By

State Agency

Reviewed By

CMS RO

Reviewed By

Reviewed By

Reviewed By

Date:

9/26/12

Date:

Signature of Surveyor:

Signature of Surveyor:

Date:

Date:

Followup to Survey Completed on:

8/1/2012

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES

NO



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

September 26, 2012

Administrator
Emeritus At Tuskawilla
1016 Willa Springs Drive
Winter Springs, FL 32708

Dear Administrator:

RE: Revisit to biennial relicensure w/LNS

This letter reports the findings of a state licensure survey revisit conducted on September 25, 2012 by representative(s) of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

J5XD

