



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 1, 2012

Administrator
Emeritus at Barrington Place
2341 West Norvell Bryant Highway
Lecanto, FL 34461

Dear Administrator:

This letter reports the findings of a desk review conducted on November 1, 2012 by a representative of this office. Enclosed 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure



11/1/2012

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11963839(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
11/1/2012

Name of Facility

EMERITUS AT BARRINGTON PLACE

Street Address, City, State, Zip Code

2341 W. NORVELL BRYANT HIGHWAY
LECANTO, FL 34461

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 A0086	Correction Completed 11/01/2012	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # 58A-5.0191(9) FAC		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	

Reviewed By _____

Reviewed By _____

Date: _____

Signature of Surveyor: _____

Date: _____

State Agency _____

Reviewed By _____

Date: _____

Signature of Surveyor: _____

Date: _____

Reviewed By _____

Reviewed By _____

Date: _____

Signature of Surveyor: _____

Date: _____

CMS RO

Followup to Survey Completed on:

9/6/2012

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

YES NO