



RICK SCOTT  
GOVERNOR

**Better Health Care for all Floridians**

ELIZABETH DUDEK  
SECRETARY

November 26, 2012

Administrator  
Emeritus At Ocala East  
1601 S.E. 24th Road  
Ocala, FL 32671

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 17, 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 Anna Lopez at (386) 462-6201.

Sincerely,

*Kriste J. Mennella*  
Kriste J. Mennella  
Field Office Manager

KJM/al  
Enclosure: State Revisit Report

J5XD



11/26/2012

## State Form: Revisit Report

|                                                                       |                                                      |                                    |
|-----------------------------------------------------------------------|------------------------------------------------------|------------------------------------|
| (Y1) Provider / Supplier / CLIA / Identification Number<br>AL11911441 | (Y2) Multiple Construction<br>A. Building<br>B. Wing | (Y3) Date of Revisit<br>10/17/2012 |
|-----------------------------------------------------------------------|------------------------------------------------------|------------------------------------|

|                                            |                                                                                 |
|--------------------------------------------|---------------------------------------------------------------------------------|
| Name of Facility<br>EMERITUS AT OCALA EAST | Street Address, City, State, Zip Code<br>1601 S.E. 24TH ROAD<br>OCALA, FL 32671 |
|--------------------------------------------|---------------------------------------------------------------------------------|

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 A0030<br>Reg. # 58A-5.0182(6) FAC; 429.28<br>LSC | Correction Completed<br>10/17/2012 | ID Prefix A0079<br>Reg. # 58A-5.019(4) FAC<br>LSC | Correction Completed<br>10/17/2012 | ID Prefix AZ819<br>Reg. # 408.810(9) FS<br>LSC | Correction Completed<br>10/17/2012 |
| ID Prefix<br>Reg. #<br>LSC                                 | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                        | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                     | Correction Completed               |
| ID Prefix<br>Reg. #<br>LSC                                 | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                        | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                     | Correction Completed               |
| ID Prefix<br>Reg. #<br>LSC                                 | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                        | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                     | Correction Completed               |
| ID Prefix<br>Reg. #<br>LSC                                 | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                        | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                     | Correction Completed               |

|                                       |                                           |                            |                                                                                         |                            |
|---------------------------------------|-------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------|----------------------------|
| Reviewed By<br>State Agency<br>CMS RO | Reviewed By<br>(Signature)<br>Reviewed By | Date:<br>11/26/12<br>Date: | Signature of Surveyor:<br>et Reg, H503 for M. Roberts, HFE II<br>Signature of Surveyor: | Date:<br>11/26/12<br>Date: |
|---------------------------------------|-------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------|----------------------------|

Followup to Survey Completed on:

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