State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11965368	A. Building B. Wing	11/20/2012

Name of Facility	Street Address, City, State, Zip Code
EMERITUS AT OCOEE	80 NORTH CLARK RD OCOEE, FL 34761

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 **A0004** Reg. # **58A-5.016 FAC** LSC	Correction Completed **11/20/2012**	ID Prefix **A0007** Reg. # **58A-5.0181(1) FAC** LSC	Correction Completed **11/20/2012**	ID Prefix **A0025** Reg. # **58A-5.0182(1) FAC** LSC	Correction Completed **11/20/2012**
ID Prefix **A0079** Reg. # **58A-5.019(4) FAC** LSC	Correction Completed **11/20/2012**	ID Prefix **A0162** Reg. # **58A-5.024(3) FAC** LSC	Correction Completed **11/20/2012**	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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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
State Agency	[signature]	11/14/12		
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
CMS RO				

Followup to Survey Completed on: 9/11/2012

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

November 20, 2012

Administrator
Emeritus At Ocoee
80 North Clark Rd
Ocoee, FL 34761

Dear Administrator: RE: Revisit to CCR#2012006478

This letter reports the findings of a state licensure survey revisit conducted on November 20, 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

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