

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963950	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 01/30/2013
NAME OF PROVIDER OR SUPPLIER EMERITUS AT BENEVA PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 743 S. BENEVA ROAD SARASOTA, FL 34232		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{A 000}	Initial Comments These are the results of a follow-up to a Biennial with Limited Nursing Services survey completed on 01/30/2013, at Emeritus at Beneva Park. All previously cited deficiencies were found to be corrected and no other deficiencies were identified during this survey visit.	{A 000}			

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

5899

KSQ112

If continuation sheet 1 of 1

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11963950

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
1/30/2013

Name of Facility

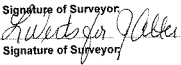
EMERITUS AT BENEVA PARK

Street Address, City, State, Zip Code

743 S. BENEVA ROAD
SARASOTA, FL 34232

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 A0055 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed 01/30/2013	ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed 01/30/2013	ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	Correction Completed 01/30/2013
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	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 	Date: 2/6/13 Date:	Signature of Surveyor 	Date: 2/6/13 Date:
Followup to Survey Completed on: 12/18/2012		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO		



Better Health Care for all Floridians

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 12, 2013

Administrator
Emeritus at Beneva Park
743 S. Beneva Road
Sarasota, Florida 34232

Dear Administrator:

This letter reports the findings of a Biennial with Limited Nursing Services survey revisit conducted on January 30, 2013 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 this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW:ss

Enclosures: State Form and Revisit Report

J5XD

