

4/10/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11964810	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 4/8/2013
Name of Facility EMERITUS AT CONWAY		Street Address, City, State, Zip Code 5501 EAST MICHIGAN STREET ORLANDO, FL 32822

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 AN277 Reg. # 58A-5.031(2) FAC LSC	Correction Completed 04/08/2013	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Followup to Survey Completed on: 1/28/2013		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

State Agency

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

CMS RO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 17, 2013

Administrator
Emeritus At Conway
5501 East Michigan Street
Orlando, FL 32822

Dear Administrator:

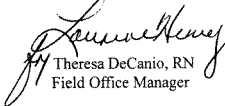
This letter reports the findings of a state licensure survey revisit conducted on April 8, 2013 by representative(s) of this office.

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 Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

