

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964388	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/16/2013
NAME OF PROVIDER OR SUPPLIER EMERITUS AT TUSKAWILLA			STREET ADDRESS, CITY, STATE, ZIP CODE 1016 WILLA SPRINGS DRIVE WINTER SPRINGS, FL 32708		
(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 Complaint Inspection #2013000101 was conducted on 4/16/13. Emeritus at Tuskawilla did not have deficiencies at the time of the visit.	A 000			

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

0000

D70X11

If continuation sheet 1 of 1



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 9, 2013

Ms. Cynthia Tolar
2573 Galliano Circle
Winter Park, FL 32708

CONFIDENTIAL
CCR# 2013000101

Dear Ms. Tolar:

Representative(s) from the Agency for Health Care Administration (AHCA) completed an unannounced visit at Emeritus At Tuskawilla on April 16, 2013. While at the facility, our staff thoroughly reviewed your concerns. The representative(s) observed care, interviewed resident(s)/patient(s) and staff, as well as completed medical chart reviews.

Although at the time of the inspection, the representative(s) did not find the facility was violating any laws or rules, your complaint information is important in helping us ensure facility compliance. This correspondence will remain as a permanent part of our complaint system and we will continue to monitor these concerns or issues during future visits.

Thank you for bringing your concerns to our attention. Inspection results will be available in approximately 45 days at http://apps.ahca.myflorida.com/dm_web. Your feedback is important to us and we invite you to complete a survey at <http://tinyurl.com/ahcasurvey>.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be

