

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910258	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/04/2013
NAME OF PROVIDER OR SUPPLIER EMERITUS AT LA CASA GRANDE			STREET ADDRESS, CITY, STATE, ZIP CODE 6400 TROUBLE CREEK ROAD NEW PORT RICHEY, FL 34653		
(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 Assisted Living Facility An extended congregate care (ECC) monitoring visit was conducted on 6/4/13 in conjunction with complaint surveys, CCR# 2013003763 and CCR# 2013005490, see (Aspen Event DKND11). The Emeritus at La Casa Grande, assisted living facility, had no 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

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RZ9W11

If continuation sheet 1 of 1



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 14, 2013

Administrator
Emeritus At La Casa Grande
6400 Trouble Creek Road
New Port Richey, FL 34653

Re: CCR# 2013003763 & CCR# 2013005490 & ECC Monitoring Visit

Dear Administrator:

This letter reports the findings of two complaint surveys and an extended congregate care (ECC) monitoring visit completed on June 4, 2013, by a representative of this office.

Attached are the provider's copies of the State (3020) Forms, indicating no deficiencies were identified during these surveys.

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. Should you have any questions, please contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

for

PRC/kpr

Enclosure: State Forms 3020

