STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967402	**07/15/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Excelsior Omega Inc	**15 Dade Ave Sarasota, FL 34232**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0181-Emergency Mgmt - Plan Approval-07/15/2013
E201-Ecc - Policies-07/15/2013

A follow-up to the Limited Nursing Service (LNS) and initial ECC (Extended Congregate Care) survey was conducted on 4/16/13 at Excelsior Omega an Assisted Living Facility (ALF) at Sarasota, FL. This follow-up was completed on 7/15/13.

The deficiencies cited were corrected at this follow-up visit. No ECC will be recommended as during the survey the facility rescinded its request for ECC services. A letter was provided to the surveyor stating this.

0181-Emergency Mgmt - Plan Approval 58A-5.026(2) FAC

E201-ECC - Policies 58A-5.030(2) FAC

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 5, 2013

Administrator
Excelsior Omega Inc
15 Dade Ave
Sarasota, FL 34232

Dear Administrator:

This letter reports the findings of a Limited Nursing Service (LNS) and Extended Congregate Care (ECC) survey revisit conducted on July 15, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), 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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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