

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/01/2013
FORM APPROVED

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

This is the report for a Limited Nursing Service (LNS) survey conducted at Excelsior Omega, an Assisted Living Facility (ALF) ending on 7/15/13.

There were no deficiencies cited as a result of this survey.



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

August 1, 2013

Administrator
Excelsior Omega Inc
15 Dade Ave
Sarasota, FL 34232

Dear Administrator:

This letter reports findings of a Limited Nursing Service (LNS) survey that was conducted on July 15, 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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

