

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)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-07/15/2013

A follow-up to the unannounced Complaint Survey, CCR# 2013002540 was conducted at Excelsior Omega Inc., an Assisted Living Facility (ALF), on 4/10/13. This follow-up was completed on 7/9/13 through 7/15/13.

All deficiencies were cleared during this survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

RICK SCOTT
GOVERNOR



ELIZABETH DUDEK
SECRETARY

August 1, 2013

Administrator
Excelsior Omega Inc
15 Dade Ave
Sarasota, FL 34232

RE: CCR# 2013002540

Dear Administrator:

This letter reports the findings of a Complaint 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

