

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/08/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910048	(X3) DATE SURVEY COMPLETED 07/29/2013
NAME OF PROVIDER OR SUPPLIER Emeritus At Bradenton	STREET ADDRESS, CITY, STATE, ZIP CODE 450 67th Street, West Bradenton, FL 34209	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0078-Staffing Standards - Staff-07/29/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 8, 2013

Administrator
Emeritus at Bradenton
450 67th Street, West
Bradenton, FL 34209

Re: 2nd Revisit & CCR# 2013004909

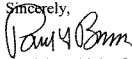
Dear Administrator:

This letter reports the findings of a second state licensure survey revisit and a complaint survey completed on July 29, 2013, by a representative of this office.

Attached are the provider's copies of the State (5000-3547) Forms, indicating the previously cited deficiency was corrected and no deficiencies were identified during the complaint 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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

For Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

