

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/12/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953349	(X3) DATE SURVEY COMPLETED 08/05/2013
NAME OF PROVIDER OR SUPPLIER Emeritus At Fort Myers	STREET ADDRESS, CITY, STATE, ZIP CODE 1896 Park Meadow Drive Fort Myers, FL 33907	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-08/05/2013
0052-Medication - Assistance With Self-Admin-08/05/2013
0055-Medication - Storage And Disposal-08/05/2013
0056-Medication - Labeling And Orders-08/05/2013

This is the follow-up visit to the Biennial survey conducted on 8/5/13 at Emeritus of Ft. Myers in Ft. Myers, FL.

All previous citations have been substantially improved or corrected.

No deficiencies were cited relevant to the survey during this visit.

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

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 12, 2013

Administrator
Emeritus At Fort Myers
1896 Park Meadow Drive
Fort Myers, FL 33907

Dear Administrator:

This letter reports the findings of a Biennial survey revisit conducted on August 5, 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

