

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/23/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967156	(X3) DATE SURVEY COMPLETED 08/19/2013
NAME OF PROVIDER OR SUPPLIER Emerald Hills	STREET ADDRESS, CITY, STATE, ZIP CODE 8717 Greenfield Lane Zephyrhills, FL 33541	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced limited nursing services (LNS) monitoring visit was conducted on 08/19/13.

The Emerald Hills, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 23, 2013

Administrator
Emerald Hills
8717 Greenfield Lane
Zephyrhills, FL 33541

Dear Administrator:

This letter reports findings of a limited nursing services (LNS) monitoring visit that was conducted on August 19, 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 **Paul Brown, HFES**, at (727) 552-2000.

Sincerely,

Paula Reid
Patricia Reid Kaufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

