

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/07/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965402	(X3) DATE SURVEY COMPLETED 10/02/2013
NAME OF PROVIDER OR SUPPLIER Emeritus At Port Orange	STREET ADDRESS, CITY, STATE, ZIP CODE 1675 Dunlawton Avenue Port Orange, FL 32127	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

Specific Tag Findings:

0000-Initial Comments

Two unannounced licensure complaint surveys, CCR # 2013007668 and CCR # 2013008318 were conducted on October 2, 2013.

Emeritus at Port Orange had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 10, 2013

Administrator
Emeritus at Port Orange
1675 Dunlawton Avenue
Port Orange, FL 32127

Re: CCR #2013007668 & CCR #2013008318

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 2, 2013 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 this office at (904) 798-4201.

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LW/KW/sm
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
<http://ahca.myflorida.com>



Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054