STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953349	**10/15/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Fort Myers	**1896 Park Meadow Drive Fort Myers, FL 33907**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

This is to report the findings of an unannounced Limited Nursing Service (LNS) survey conducted at Emeritus Assisted Living Facility (ALF) in Fort Myers, FL. The census at the time of the survey was 82 residents with 2 residents receiving LNS services.

There were no deficiencies cited during this survey.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 21, 2013

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

Dear Administrator:

This letter reports findings of a Limited Nursing Service (LNS) survey that was conducted on October 15, 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 this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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Tallahassee, FL 32308
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Fort Myers, FL 33901
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