STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965402	**11/19/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Port Orange	**1675 Dunlawton Avenue Port Orange, FL 32127**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0030-Resident Care - Rights & Facility Procedures-11/19/2013
0052-Medication - Assistance With Self-Admin-11/19/2013
0055-Medication - Storage And Disposal-11/19/2013
0057-Medication - Over The Counter (otc) Products-11/19/2013
N276-Lns - Nursing Services-11/19/2013

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 25, 2013

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

CCR #2013002672

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on November 19, 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.

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 (904) 798-4201.

Sincerely,

Keisha Woods
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LW/KW/sm
Enclosure

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