

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 12/19/2013  
FORM APPROVED

|                                                                                                        |                                                                                          |                                                     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11968058</b>                | (X3) DATE SURVEY COMPLETED<br><br><b>12/18/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Salus Senior Services</b>                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2400 New York St<br/>Melbourne, FL 32904</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                          |                                                     |

**Revisit Corrected Tags:**

0078-Staffing Standards - Staff-12/18/2013

Z827-Unlicensed Activity-12/18/2013

**Specific Tag Findings:**

0000-Initial Comments

12/18/13 Unannounced revisit to complaint inspection #2013008070 was conducted.

The facility had no deficiencies found during the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 19, 2013

Administrator  
Salus Senior Services  
2400 New York St  
Melbourne, FL 32904

RE: Revisit to CCR#2013008070

Dear Administrator:

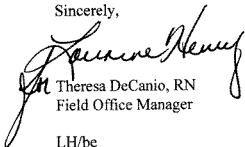
This letter reports the findings of a complaint investigationsurvey revisit conducted on December 18, 2013 by representative(s) of this office.

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(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN  
Field Office Manager

LH/be  
Enclosure

