

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/03/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911017	(X3) DATE SURVEY COMPLETED 12/02/2013
NAME OF PROVIDER OR SUPPLIER Emeritus At Regency Residence	STREET ADDRESS, CITY, STATE, ZIP CODE 5600 Lakeside Drive North Margate, FL 33063	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0010-Admissions - Continued Residency-12/03/2013
 0025-Resident Care - Supervision-12/03/2013
 0032-Resident Care - Elopement Standards-12/03/2013
 0056-Medication - Labeling And Orders-12/03/2013
 0078-Staffing Standards - Staff-12/03/2013
 0092-Food Service - General Responsibilities-12/03/2013
 0093-Food Service - Dietary Standards-12/03/2013
 0152-Physical Plant - Safe Living Environ/other-12/03/2013
 0160-Records - Facility-12/03/2013

Revisit Repeat Tags:

0000-Initial Comments-

Revisit New Tags:



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 3, 2014

Administrator
Emeritus At Regency Residence
5600 Lakeside Drive North
Margate, FL 33063

Re: Relicensure Survey and Limited Nursing Services
(LNS)

Dear Administrator:

This letter reports the findings of a State Licensure Survey Revisit conducted on December 2, 2013 by a representative from 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

DT9D

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



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