STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963902	12/23/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Americare Assisted Living	**2992 Day Road Deltona, FL 32738**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0052-Medication - Assistance With Self-Admin-12/23/2013
0053-Medication - Administration-12/23/2013
0056-Medication - Labeling And Orders-12/23/2013
Z815-Background Screening; Prohibited Offenses-12/23/2013

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 6, 2014

Administrator
Americare Assisted Living
2992 Day Road
Deltona, FL 32738

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on December 23, 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,

Robert E. Dickson
Field Office Manager
Division of Health Quality Assurance

KJ/RED/sm
Enclosure

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