

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/23/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911225	(X3) DATE SURVEY COMPLETED 04/23/2014
NAME OF PROVIDER OR SUPPLIER Emeritus At River Oaks	STREET ADDRESS, CITY, STATE, ZIP CODE 925 South River Road Englewood, FL 34223	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0167-Resident Contracts-04/23/2014

These are the results of the follow-up to Complaint Survey, CCR# 2013013324 and CCR# 20140012152 conducted on 2/19/14 and 2/20/14 at Emeritus at River Oaks, an Assisted Living Facility (ALF). This follow-up was completed by desk review on 4/23/14.

The citation was cleared by this desk review.

0167-Resident Contracts 58A-5.025(1) FAC



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 23, 2014

Administrator
Emeritus At River Oaks
925 South River Road
Englewood, FL 34223

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted by desk review on April 23, 2014 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

