

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/02/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911225	(X3) DATE SURVEY COMPLETED 05/27/2014
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)		

These are the results of an unannounced Complaint Survey, CCR# 2014004145 which was conducted on 5/27/14 at Emeritus at River Oaks an Assisted Living Facility (ALF).

The allegations were not substantiated and there were no citations as a result of this survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 2, 2014

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

Re: CCR# 2014004145

Dear Administrator:

This letter reports the findings of a complaint survey completed on May 27, 2014 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. You will not receive a copy of this report in the mail; you will only receive this faxed copy.

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 contact this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

sh
Enclosure: State Form

