STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967402	**06/16/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Excelsior Omega Inc	**15 Dade Ave Sarasota, FL 34232**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0052-Medication - Assistance With Self-Admin-06/16/2014
0081-Training - Staff In-Service-06/16/2014
0093-Food Service - Dietary Standards-06/16/2014
0152-Physical Plant - Safe Living Environ/other-06/16/2014

On 6/16/14 a follow-up to the Biennial survey was completed at Excelsior Omega Inc. an Assisted Living Facility (ALF).

All previously cited deficiencies were found to be corrected. At the time of the survey no deficiencies were identified.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

0081-Training - Staff In-Service 58A-5.0191(2) FAC

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 25, 2014

Administrator
Excelsior Omega Inc
15 Dade Ave
Sarasota, FL 34232

Dear Administrator:

This letter reports the findings of a Biennial survey revisit conducted on June 16, 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,

for
Harold D. Williams
Field Office Manager

sh
Enclosure: State Form

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