

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965026	(X3) DATE SURVEY COMPLETED 08/04/2014
NAME OF PROVIDER OR SUPPLIER Emeritus At The Lakes	STREET ADDRESS, CITY, STATE, ZIP CODE 7460 Lake Breeze Drive Fort Myers, FL 33919	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0056-Medication - Labeling And Orders-08/04/2014

An unannounced follow-up to a previous Complaint Survey, CCR# 2014005936 and CCR# 2014005468 was completed on 8/4/14.

All previous citations have been substantially improved or corrected.

No deficiencies were cited relevant to the survey during this visit.

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 14, 2014

Administrator
Emeritus At The Lakes
7460 Lake Breeze Drive
Fort Myers, FL 33919

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on August 4, 2014 by representative(s) 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(s). 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

