

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965402	(X3) DATE SURVEY COMPLETED 09/02/2014
NAME OF PROVIDER OR SUPPLIER Emeritus At Port Orange	STREET ADDRESS, CITY, STATE, ZIP CODE 1675 Dunlawton Avenue Port Orange, FL 32127	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

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Specific Tag Findings:

0000-Initial Comments

A complaint survey, CCR #2014008536, CCR #2014008396, CCR #2014008479, and CCR #2014008508 was conducted at Emeritus Port Orange on September 2, 2014. Deficiencies were not identified.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 16, 2014

Administrator
Emeritus At Port Orange
1675 Dunlawton Avenue
Port Orange, FL 32127

RE: CCR #2014008536; #2014008396 and #2014008479

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 2, 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.

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 (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/JM/sm
Enclosure

