

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964946	(X3) DATE SURVEY COMPLETED 10/29/2014
NAME OF PROVIDER OR SUPPLIER Emeritus At Melbourne	STREET ADDRESS, CITY, STATE, ZIP CODE 1765 West Hibiscus Blvd Melbourne, FL 32901	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-10/29/2014
 0078-Staffing Standards - Staff-10/29/2014
 0081-Training - Staff In-Service-10/29/2014
 0082-Training - Hiv/aids-10/29/2014
 0090-Training - Do Not Resuscitate Orders-10/29/2014
 0091-Training - Documentation & Monitoring-10/29/2014
 0162-Records - Resident-10/29/2014

Specific Tag Findings:

0000-Initial Comments

A revisit survey was conducted on 10/29/2014 at Emeritus At Melbourne Assisted Living Facility. No deficiencies were identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 30, 2014

Administrator
Emeritus At Melbourne
1765 West Hibiscus Blvd
Melbourne, FL 32901

RE: Revisit to biennial relicensure w/LNS

Dear Administrator:

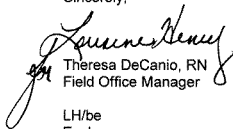
This letter reports the findings of a state licensure survey revisit conducted on October 29, 2014 by representative(s) of this office.

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 Lorraine Henry at (407) 420-2502.

Sincerely,


Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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