STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932640	10/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Boynton Village	1935 South Federal Highway Boynton Beach, FL 33435	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Revisit to CCR#2014006090; CCR#2014006497; and CCR#2014007631 was conducted on 10/20/2014 - 10/22/2014 at Emeritus at Boynton Village. The previously cited deficiences were determined to be found to be corrected at the time of this visit.

Revisit Corrected Tags:
0010-Admissions - Continued Residency-10/22/2014
0028-Resident Care - Activities Of Daily Living-10/22/2014
0030-Resident Care - Rights & Facility Procedures-10/22/2014
0152-Physical Plant - Safe Living Environ/other-10/22/2014
0160-Records - Facility-10/22/2014

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 05, 2014

Administrator
Emeritus At Boynton Village
1935 South Federal Highway
Boynton Beach, FL 33435

Re: CCR #2014006090, #2014006497 and #2014007631

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on October 22, 2014 by a representative from 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.

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

DT9D

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida