



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

November 14, 2014

Administrator  
Emeritus At Wekiwa Springs  
203 S Wekiwa Springs Road  
Apopka, FL 32703

RE: Revisit to CCR#2014005959

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey revisit conducted on November 10, 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.

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



|                                                                                                        |                                                                                                    |                                                     |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11965474</b>                          | (X3) DATE SURVEY COMPLETED<br><br><b>11/10/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Emeritus At Wekiwa Springs</b>                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>203 S Wekiwa Springs Road<br/>Apopka, FL 32703</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                    |                                                     |

**Revisit Corrected Tags:**

0152-Physical Plant - Safe Living Environ/other-11/10/2014

**Specific Tag Findings:**

0000-Initial Comments

Revisit to Complaint Inspection CCR#2014005959 was conducted on 11/10/14. Emeritus as Wekiwa Springs had no deficiencies found at the time of the visit.