STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910048	10/20/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Bradenton	**450 67th Street, West Bradenton, FL 34209**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0056-Medication - Labeling And Orders-10/20/2014

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 21, 2014

Administrator
Emeritus at Bradenton
450 67th Street, West
Bradenton, FL 34209

Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on October 20, 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the previously cited deficiency was found corrected on the day of the desk review.

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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Caufman
FOR Field Office Manager

PRC/clt

Enclosure: State (5000-3547) Form

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