

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11963945	(X3) DATE SURVEY COMPLETED 10/28/2014
NAME OF PROVIDER OR SUPPLIER Emeritus At Brandon	STREET ADDRESS, CITY, STATE, ZIP CODE 700 S. Kings Avenue Brandon, FL 33511	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0093-Food Service - Dietary Standards-10/28/2014



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

October 30, 2014

Administrator
Emeritus At Brandon
700 S. Kings Avenue
Brandon, FL 33511

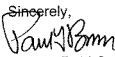
Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 28, 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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Caulfman
Field Office Manager

PRC/cit
Enclosure: State Form (5000-3547)

