STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965026	02/04/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At The Lakes	**7460 Lake Breeze Drive Fort Myers, FL 33919**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - E205 - 58a-5.030(6) Fac - Ecc - Health Assessment

Specific Tag Findings:
An unannounced Extended Congregate Care survey was conducted at Emeritus at the Lakes, an Assisted Living Facility in Ft. Myers, Florida.

The following is description of the deficiency found at the time of the visit.

E205-ECC - Health Assessment 58A-5.030(6) FAC

Based on record review and interview, the facility failed to ensure an annual health assessment was completed on 1 (Resident B) of 4 residents reviewed.

The findings include:

Record review on revealed Resident B was admitted to Extended Congregate (ECC) care on for an ongoing service. The health assessment on file, dated states ECC for care. There was no updated health assessment found for Resident B.

During an interview on at 11:25 a.m. the ECC supervisor confirmed that an updated health assessment for Resident B was not available.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Emeritus At The Lakes
7460 Lake Breeze Drive
Fort Myers, FL 33919

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on
2015 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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. Should you have any questions please call this office at 239-335-1315.

Sincerely,

Jon Seehawer
Acting Field Office Manager

JS
Enclosure: State Form

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