STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963946	**03/02/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Oakbridge	**3110 Oakbridge Blvd E. Lakeland, FL 33803**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0161 - 429.275(2) Fs; 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

Assisted Living Facility

A complaint investigation (CCR#2014011944 & 2015001556) was conducted on .

The Emeritus at Oakbridge had a deficiency found at the time of this visit.

0161-Records - Staff 429.275(2) FS; 58A-5.024(2) FAC

Based upon interview & record review 1 of 4 staff personnel records did not contained documentation of Level II background screening.

Findings Include:

A review of the personnel record for staff D revealed no documentation of having a Level II background screening. A search of the Background Screening Unit website (on revealed staff D did have Level II background clearance.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Emeritus At Oakbridge
3110 Oakbridge Blvd E.
Lakeland, FL 33803

RE: CCR #2014011944 & 2015001556

Dear Administrator:

This letter reports the findings of two state licensure surveys that were conducted on , 2015 by representative(s) 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 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 Provide**rs 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,

FOR Patricia Reid Caufman
Field Office Manager

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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

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