STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967402	**06/05/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
EXCELSIOR OMEGA INC	**15 DADE AVE** **SARASOTA, FL 34232**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

On 6/05/15 a Complaint Survey, CCR# 2015004887 was completed at Excelsior Omega Inc., an Assisted Living Facility (ALF) in Sarasota, Florida.

The allegation was substantiated without deficiencies. At the time of the survey no deficiencies were identified at Excelsior Omega Inc.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 12, 2015

Administrator
Excelsior Omega Inc
15 Dade Ave
Sarasota, FL 34232

RE: CCR #2015004887

Dear Administrator:

This letter reports the findings of a complaint survey completed on June 5, 2015 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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