

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964916	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/25/2012
NAME OF PROVIDER OR SUPPLIER EMERITUS AT BOYNTON BEACH			STREET ADDRESS, CITY, STATE, ZIP CODE 8220 JOG ROAD BOYNTON BEACH, FL 33437		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 000	Initial Comments CCR# 2012008484, CCR# 2012008906 and CCR# 2012009259 Allegations related to CCR# 2012008484 and CCR# 2012008906 were substantiated without deficient practice. Allegations related to CCR# 2012009259 were not substantiated. Emeritus at Boynton Beach, an assisted living facility, had deficiencies found at the time of the visit on 10/25/12. The complaint inspections were conducted in conjunction with a revisit survey. Please reference the separate report.	A 000			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0090

T77411

If continuation sheet 1 of 1



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

January 3, 2012

Administrator
Emeritus At Boynton Beach
8220 Jog Road
Boynton Beach, FL 33437

**Re: CCR #2012008484, #2012008906, and
#2012009259**

Dear Administrator:

This letter reports the findings of a complaint surveys completed on October 25, 2012 by a representative from this office.

Attached is the provider's copy of the Statement of Deficiencies and Plan of Correction, State (3020) Form, indicating no deficiencies were identified during these surveys.

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 representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

7MRZ

