| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964787** | **07/22/2013** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Emeritus At Jensen Beach** | **1700 Ne Indian River Drive Jensen Beach, FL 34957** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

0000-Initial Comments

Unannounced complaint surveys were conducted on 7/18/13 thru 7/22/13, Emeritus at Jensen Beach, had deficiencies found at the time of the visit.

Deficient practice was identified at the following:
CCR# 2013001179 cited on Relicensure report 2TIO11 - (A027, A025)
CCR# 2013003770 cited on Revisit report 6GY412 - (A152)
CCR# 2013004016 cited on Relicensure report 2TIO11 - (A078, A056)

This survey was conducted in conjunction with a biennial Standard Relicensure survey and a Revisit survey. Reference those separate reports.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 01, 2013

Administrator
Emeritus at Jensen Beach
1700 NE Indian River Drive
Jensen Beach, FL 34957

Re: CCR #2013001179, #2013004016, Relicensure and Revisit CCR #2013003770

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on July 18 - 22, 2013 by representatives from 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 **November 01, 2013** 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/jw
XG90

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