STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964916	**09/13/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Boynton Beach	**8220 Jog Road Boynton Beach, FL 33437**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments
Complaint inspections CCR #'s 2013007113, 2013007181, 2013007355, 2013007984 and 2013008420 were conducted on 9/11/13 through 9/13/13. Emeritus at Boynton Beach had no licensure deficiencies found at the time of the visit.

The re-licensure survey with limited nursing services (LNS) was also conducted in conjunction with these inspections. Please refer to the separate report for the findings.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 23, 2013

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

RE: CCR #2013007113, 2013007181, 2013007355, 2013007984, 2013008420, Limited Nursing Services (LNS) and Relicensure Surveys

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on September 13, 2013 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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(s). Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dlt
Enclosure
1GGN

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924