



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 28, 2014

Administrator
Emeritus at Ocala West
9070 SW 80th Avenue
Ocala, FL 34481

Re: CCR #2014000031

Dear Administrator:

This letter reports the findings of a complaint survey completed on February 11, 2014 by a representative of this office. Enclosed 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 (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure



AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/28/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964969	(X3) DATE SURVEY COMPLETED 02/11/2014
NAME OF PROVIDER OR SUPPLIER Emeritus At Ocala West	STREET ADDRESS, CITY, STATE, ZIP CODE 9070 Sw 80th Ave Ocala, FL 34481	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Compliant survey, CCR#2014000031, was conducted on February 11, 2014 at Emeritus @ Ocala West, an assisted located in Ocala, Florida. No deficiencies were identified as a result of this survey. The facility was in compliance at this time.