

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/17/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967402	(X3) DATE SURVEY COMPLETED 04/15/2014
NAME OF PROVIDER OR SUPPLIER Excelsior Omega Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 15 Dade Ave Sarasota, FL 34232	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

These are the results of an unannounced Complaint Survey, CCR# 2014003122, completed on 4/15/14 at Excelsior Omega Inc., an Assisted Living Facility (ALF) in Sarasota, FL.

No deficiencies were cited relevant to this complaint survey during this visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 17, 2014

Administrator
Excelsior Omega Inc
15 Dade Ave
Sarasota, FL 34232

Re: CCR #2014003122

Dear Administrator:

This letter reports the findings of a complaint survey completed on April 15, 2014 by representatives 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 surveyors. Should you have any questions, please contact this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

sh

Enclosure: State Form

