

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/04/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11963982	(X3) DATE SURVEY COMPLETED 04/02/2014
NAME OF PROVIDER OR SUPPLIER Emeritus At Colonial Park	STREET ADDRESS, CITY, STATE, ZIP CODE 4730 Bee Ridge Road Sarasota, FL 34233	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

An unannounced Limited Nursing Service (LNS) was conducted on 4/2/14 at Emeritus at Colonial Park, an Assisted Living Facility (ALF) located in Sarasota, Florida.

The facility was found to be in compliance and no citations were issued.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 4, 2014

Administrator
Emeritus At Colonial Park
4730 Bee Ridge Road
Sarasota, FL 34233

Dear Administrator:

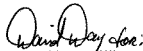
This letter reports findings of a Limited Nursing Service (LNS) survey that was conducted on April 2, 2014 by a representative of this office.

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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,


Harold D. Williams
Field Office Manager

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Enclosure: State Form

