



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

February 18, 2015

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

RE: CCR #2015001392

Dear Administrator:

This letter reports the findings of a complaint survey completed on February 13, 2015 by representative(s) 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(s). Should you have any questions, please contact this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964969	(X3) DATE SURVEY COMPLETED 02/13/2015
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 licensure complaint survey, CCR #2015001392, was conducted on February 13, 2015 at Emeritus of Ocala Assisted Living Facility. The facility had no deficient practice found at the time of the visit.