

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968119	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 02/26/2026
NAME OF PROVIDER OR SUPPLIER THE TERRACE AT IVEY ACRES			STREET ADDRESS, CITY, STATE, ZIP CODE 3964 FLORIDA AVE JAY, FL. 32565		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 000	Initial Comments On February 26, 2026, an unannounced desk review revisit survey was completed for the standard abbreviated biennial re-licensure survey, originally ending on 12/18/2025, for The Terrace at Ivey Acres, an assisted living facility in Jay, FL. Based on an acceptable plan of correction and supporting documentation, the deficiencies were found to be corrected.	A 000			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE