

Agency for Health Care Administration

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|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                     |                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11966027</b>            | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                                                         |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>09/25/2012</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SHP IV FLEMING ISLAND, L.L.C</b> |                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3651 HIGHWAY 17<br/>ORANGE PARK, FL 32003</b> |                                                                                                                          |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                    | ID<br>PREFIX<br>TAG                                                                       | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                               |
| A 000                                                                   | Initial Comments<br><br>A complaint investigation, CCR #2012009113 was conducted at The Allegro at Fleming Island, LLC on September 25, 2012. Deficiencies were not identified. | A 000                                                                                     |                                                                                                                          |  |                                                        |

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

6890

3YVU11

If continuation sheet 1 of 1

RICK SCOTT  
GOVERNOR



ELIZABETH DUDEK  
SECRETARY

October 9, 2012

Administrator  
The Allegro at Fleming Island, LLC  
3651 U. S. Highway 17  
Jacksonville, FL 32203

**Re: CCR #2012009113**

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 25, 2012 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies and Plan of Correction, State (3020) Form, indicating no deficiencies were identified during this 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 contact this office at (904) 798-4201.

Sincerely,

Keisha Woods, MPH  
Health Facility Evaluator Supervisor  
Division of Health Quality Assurance

CB/KW/sm  
Enclosure

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Headquarters  
2727 Mahan Drive  
Tallahassee, FL 32308  
<http://ahca.myflorida.com>



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