

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/06/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968057	(X3) DATE SURVEY COMPLETED 09/06/2013
NAME OF PROVIDER OR SUPPLIER Caring House Assisted Living Facility Lic	STREET ADDRESS, CITY, STATE, ZIP CODE 3204 Sahara Ct Green Cove Springs, FL 32043	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0076-Do Not Resuscitate Orders (dnros)-09/06/2013

0082-Training - Hiv/aids-09/06/2013

0085-Training - Nutrition & Food Service-09/06/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 6, 2013

Administrator
Caring House Assisted Living Facility, LLC
3204 Sarahs Court
Green Cove Springs, FL 32043

Dear Administrator:

This letter reports the findings of a state licensure desk review conducted on September 6, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the desk review

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 (904) 798-4201.

Sincerely,

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

KW/sm
Enclosure

