

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/03/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964696	(X3) DATE SURVEY COMPLETED 08/28/2013
NAME OF PROVIDER OR SUPPLIER Osprey Village At Amelia Islan	STREET ADDRESS, CITY, STATE, ZIP CODE 76 Osprey Village Drive Amelia Island, FL 32034	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A monitoring visit for extended congregate care was conducted at Osprey Village at Amelia Island on 08/28/2013. Osprey Village at Amelia Island had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 3, 2013

Administrator
Osprey Village at Amelia Island
76 Osprey Village Drive
Amelia Island, FL 32034

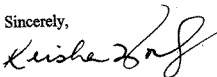
Dear Administrator:

This letter reports findings of a state licensure Extended Congregate Care survey that was conducted on August 28, 2013 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 (904) 798-4201.

Sincerely,



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

LM/KW/sm
Enclosure