

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965767	(X3) DATE SURVEY COMPLETED 09/18/2013
NAME OF PROVIDER OR SUPPLIER Some Place Like Home, Inc.#3	STREET ADDRESS, CITY, STATE, ZIP CODE 4217 Chippewa Drive Jacksonville, FL 32210	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

Specific Tag Findings:

0000-Initial Comments

An unannounced, abbreviated biennial licensure survey was conducted at Someplace Like Home, #3 in Jacksonville, Florida on September 18, 2013. No deficiencies were identified as a result of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 23, 2013

Administrator
Some Place Like Home, Inc. #3
4217 Chippewa Drive
Jacksonville, FL 32210

Dear Administrator:

This letter reports findings of a state abbreviated licensure survey that was conducted on September 18, 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

JV/KW/sm
Enclosure

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