

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/30/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967998	(X3) DATE SURVEY COMPLETED 08/17/2013
NAME OF PROVIDER OR SUPPLIER Diversity Me	STREET ADDRESS, CITY, STATE, ZIP CODE 3225 N Myrtle Ave Jacksonville, FL 32209	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint survey CCR#2013007449 was conducted at Diversity Me Assisted Living Facility in Jacksonville, Florida on August 17, 2013. No licensure deficiencies were identified as a result of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 4, 2013

Administrator
Diversity Me
3225 North Myrtle Avenue
Jacksonville, FL 32209

Re: CCR #2013007449

Dear Administrator:

This letter reports findings of a state licensure complaint survey that was conducted on August 17, 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

CB/KW/sm
Enclosure

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