

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/11/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964843	(X3) DATE SURVEY COMPLETED 10/07/2013
NAME OF PROVIDER OR SUPPLIER Our Family & Friends	STREET ADDRESS, CITY, STATE, ZIP CODE 850 A Oakridge Road St Augustine, FL 32086	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0093-Food Service - Dietary Standards-10/07/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 11, 2013

Administrator
Our Family & Friends
850 A Oakridge Road
St Augustine, FL 32086

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 7, 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 revisit.

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

TO/KW/sm
Enclosure

