

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/22/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911119	(X3) DATE SURVEY COMPLETED 10/21/2013
NAME OF PROVIDER OR SUPPLIER Fleet Landing	STREET ADDRESS, CITY, STATE, ZIP CODE One Fleet Landing Boulevard Atlantic Beach, FL 32233	
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

A biennial licensure with Limited Nursing Services survey was conducted on October 21, 2013. Fleet Landing had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 23, 2013

Administrator
Fleet Landing
One Fleet Landing Boulevard
Atlantic Beach, FL 32233

Dear Administrator:

This letter reports findings of a state biennial licensure with Limited Nursing Services survey that was conducted on October 21, 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

JPL/KW/sm
Enclosure

