

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 10/22/2013  
FORM APPROVED

|                                                                                                        |                                                                                                    |                                                     |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11968481</b>                          | (X3) DATE SURVEY COMPLETED<br><br><b>10/17/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Home For Me</b>                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7655 Collins Ridge Blvd<br/>Jacksonville, FL 32244</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(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 Limited Nursing Services survey was conducted at Home for Me on October 17, 2013. No licensure deficiencies were identified as a result of the survey.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

October 23, 2013

Administrator  
Home For Me  
7655 Collins Ridge Blvd.  
Jacksonville, FL 32244

Dear Administrator:

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

JS/KW/sm  
Enclosure

