

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/25/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968285	(X3) DATE SURVEY COMPLETED 12/02/2013
NAME OF PROVIDER OR SUPPLIER Porter's Adult Care Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 700 Day Ave Jacksonville, FL 32205	
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 Limited Nursing Services monitoring survey was conducted at Porter's Adult Care, Inc. in Jacksonville, Florida on November 25, 2013. No licensure deficiencies were identified at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 25, 2013

Administrator
Porter's Adult Care, Inc.
700 Day Avenue
Jacksonville, FL 32205

Dear Administrator:

This letter reports findings of a state licensure Limited Nursing Services survey that was conducted on December 2, 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

