

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/23/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968548	(X3) DATE SURVEY COMPLETED 12/18/2013
NAME OF PROVIDER OR SUPPLIER Lucas Caring Hands	STREET ADDRESS, CITY, STATE, ZIP CODE 10975 Campus Heights Ln Jacksonville, FL 32218	
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 initial licensure and Limited Mental Health survey was conducted on December 18, 2013. Lucas Caring Hands had no Licensure deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 23, 2013

Administrator
Lucas Caring Hands
10975 Campus Heights Lane
Jacksonville, FL 32218

Dear Administrator:

This letter reports findings of a state initial licensure and Limited Mental Health survey that was conducted on December 18, 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

