STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968478	**12/19/2013**
NAME OF PROVIDER OR SUPPLIER **Caring House Assisted Living Facility, Llc**	STREET ADDRESS, CITY, STATE, ZIP CODE **3090 Russell Rd** **Green Cove Springs, FL 32043**	
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 survey was conducted on December 19, 2013.Caring House Assisted Living had no Licensure deficiencies found at the time of the visit.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 2, 2014

Administrator
Caring House Assisted Living Facility, LLC
3090 Russell Rd
Green Cove Springs, FL 32043

Dear Administrator:

This letter reports findings of a state initial licensure survey that was conducted on December 19, 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,

Robert E. Dickson
Field Office Manager
Division of Health Quality Assurance

JPL/RED/sm
Enclosure