

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 01/14/2014  
FORM APPROVED

|                                                                                                        |                                                                                           |                                                     |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11968046</b>                 | (X3) DATE SURVEY COMPLETED<br><br><b>01/10/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Myrtice Angels Senior Home Care<br/>Llc</b>                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2570 Vernon St<br/>Jacksonville, FL 32209</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 Myrtice Angels Senior Home Care on January 10, 2014. No licensure deficiencies were identified as a result of the survey.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 14, 2014

Administrator  
Myrtice Angels Senior Home Care, LLC  
2570 Vernon Street  
Jacksonville, FL 32209

Dear Administrator:

This letter reports findings of a state licensure Limited Nursing Services survey that was conducted on January 10, 2014 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

JS/RED/sm  
Enclosure

