

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968414	(X3) DATE SURVEY COMPLETED 01/15/2014
NAME OF PROVIDER OR SUPPLIER Bradford Homeliving Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 2335 Soutel Dr Jacksonville, FL 32208	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0007-Admissions - Criteria-01/15/2014

0031-Resident Care - Third Party Services-01/15/2014

0053-Medication - Administration-01/15/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 15, 2014

Administrator
Bradford Homeliving, LLC
2335 Soutel Drive
Jacksonville, FL 32208

Re: CCR #2013011348

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on January 15, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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

JG/RED/sm
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
<http://ahca.myflorida.com>



Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201, Fax (904) 359-6054