

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/06/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911437	(X3) DATE SURVEY COMPLETED 12/26/2013
NAME OF PROVIDER OR SUPPLIER Plymouth Home For Adults	STREET ADDRESS, CITY, STATE, ZIP CODE 3225 Plymouth Street 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 licensure complaint survey, CCR # 2013010522, was conducted on December 26, 2013. Plymouth Home for Adults had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 22, 2014

Administrator
Plymouth Home For Adults
3225 Plymouth Street
Jacksonville, FL 32205

Re: CCR #2013010522

Dear Administrator:

This letter reports the findings of a complaint survey completed on December 26, 2013 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact this office at (904) 798-4201.

Sincerely,

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

JPL/RED/sm
Enclosure

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