

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 02/05/2014  
FORM APPROVED

|                                                                                                        |                                                                                                            |                                                     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11968539</b>                                  | (X3) DATE SURVEY COMPLETED<br><br><b>01/30/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Bartram Lakes Assisted Living</b>                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6209 Brooks Bartram Dr Bldg 200<br/>Jacksonville, FL 32258</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 Extended Congregate Care monitoring visit was conducted on January 28, 2014. Bartram Lakes Assisted Living had no deficiencies found at the time of the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

February 5, 2014

Administrator  
Bartram Lakes Assisted Living  
6209 Brooks Bartram Drive, Bldg. 200  
Jacksonville, FL 32258

Dear Administrator:

This letter reports findings of a state licensure Extended Congregate Care survey that was conducted on January 30, 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

JPL/RED/sm  
Enclosure

