

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 03/14/2014  
FORM APPROVED

|                                                                                                        |                                                                                               |                                                     |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11966826</b>                     | (X3) DATE SURVEY COMPLETED<br><br><b>03/12/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Heritage Crossings</b>                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2689 Art Museum Dr<br/>Jacksonville, FL 32207</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 Extended Congregate Care (ECC) monitoring survey was conducted at Heritage Crossings in Jacksonville, Florida on March 12, 2014. No deficiencies were identified as a result of the survey.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 14, 2014

Administrator  
Heritage Crossings  
2689 Art Museum Drive  
Jacksonville, FL 32207

Dear Administrator:

This letter reports findings of a state licensure Extended Congregate Care survey that was conducted on March 12, 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,

Jana Meyering, QIDP  
Health Facility Evaluator Supervisor  
Division of Health Quality Assurance

JG/JM/sm  
Enclosure

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