

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/24/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968369	(X3) DATE SURVEY COMPLETED 03/13/2014
NAME OF PROVIDER OR SUPPLIER Legacy At St Johns (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 100 Hillcrest Heights Ave St Johns, FL 32259	
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 Extended Congregate Care survey was conducted at the Legacy at St Johns March 13, 2014.
No licensure deficiencies were identified as a result of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 24, 2014

Administrator
The Legacy At St. Johns
100 Hillcrest Heights Avenue
St. Johns, FL 32259

Dear Administrator:

This letter reports findings of a state licensure Extended Congregate Care survey that was conducted on March 13, 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

JS/JM/sm'
Enclosure

