STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943025	**04/01/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Jabot's Assisted Living, Inc.	**2031 Sussex Drive Orange Park, FL 32065**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0164 - 58a-5.024(4) Fac - Records - Inspection Availability S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Limited Nursing Services (LNS) monitoring survey was conducted at Jabot's Assisted Living, Inc., in Orange Park, Florida on . 2014. Licensure deficiencies were identified as a result of the survey.

0164-Records - Inspection Availability 58A-5.024(4) FAC
Based on staff interview, the facility failed to ensure the availability of records for inspection.

The findings include:

A Limited Nursing Services monitoring survey was conducted on . by a representative of this office, and upon arrival at the facility, Employee A informed the surveyor that she had no access to any facility records. Employee A contacted the owner/administrator of the facility at approximately 10:15 a.m. via telephone, and confirmed that the owner/administrator would not be available to access necessary records for completion of the survey.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Jabot's Assisted Living, Inc.
2031 Sussex Drive
Orange Park, FL 32065

Dear Administrator:

This letter reports the findings of a state licensure Limited Nursing Services survey that was conducted on 1, 2014 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2014** to verify that the necessary corrections are in place to correct the deficiencies identified on your 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

Sincerely,

Jana Meyering

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

JG/JM/sm
Enclosure

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