

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 05/01/2014  
FORM APPROVED

|                                                                                                        |                                                                                                         |                                                     |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11967305</b>                               | (X3) DATE SURVEY COMPLETED<br><br><b>04/30/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Classy Living</b>                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>5714 Plum Hollow Drive W<br/>Jacksonville, FL 32222</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                         |                                                     |

**Revisit Corrected Tags:**

0078-Staffing Standards - Staff-04/30/2014  
0093-Food Service - Dietary Standards-04/30/2014  
N277-Lns - Resident Care Standards-04/30/2014  
N278-Lns - Records-04/30/2014



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 1, 2014

Administrator  
Classy Living  
5714 Plum Hollow Drive, West  
Jacksonville, FL 32222

Dear Administrator:

This letter reports the findings of a state licensure desk review conducted on April 30, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the desk review.

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

JM/sm  
Enclosure

