

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 05/13/2014  
FORM APPROVED

|                                                                                                        |                                                                                            |                                                     |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11968126</b>                  | (X3) DATE SURVEY COMPLETED<br><br><b>04/21/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>A Home Sweet Home Alf Of Jax<br/>Inc</b>                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5022 Perrine Dr<br/>Jacksonville, FL 32210</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 off year monitoring visit was conducted on April 21, 2014. A Home Sweet Home of Jax had no deficiencies found at the time of the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 13, 2014

Administrator  
A Home Sweet Home ALF of Jax., Inc.  
5022 Perrine Drive  
Jacksonville, FL 32210

Dear Administrator:

This letter reports findings of a state licensure off year monitoring visit that was conducted on April 21, 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 Meyer, QIDP  
Health Facility Evaluator Supervisor  
Division of Health Quality Assurance

JPL/JM/sm  
Enclosure

