AGENCY FOR HEALTH CARE ADMINISTRATION

PRINTED: 06/09/2014
FORM APPROVED

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968369** | **05/28/2014** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Legacy At St Johns (the)** | **100 Hillcrest Heights Ave**<br>**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

A standard biennial survey and a extended congregate care (ECC) monitoring visits were conducted on 5-28-14. The Legacy at St. Johns assisted living facility did not have deficiencies at this time during its biennial survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 9, 2014

Administrator
The Legacy at St. Johns
100 Hillcrest Heights Ave
St Johns, FL 32259

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on May 28, 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

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

NF/JM/sm
Enclosure