STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942945	**06/25/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Grafton House, Llc	**168 Marine Street Saint Augustine, FL 32084**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-06/25/2014
0010-Admissions - Continued Residency-06/25/2014
0030-Resident Care - Rights & Facility Procedures-06/25/2014
0054-Medication - Records-06/25/2014
0078-Staffing Standards - Staff-06/25/2014
0081-Training - Staff In-Service-06/25/2014
0090-Training - Do Not Resuscitate Orders-06/25/2014

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 30, 2014

Administrator
Grafton House, LLC
168 Marine Street
Saint Augustine, FL 32084

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on June 25, 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 revisit.

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

JPL/JM/sm
Enclosure

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