

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968294	(X3) DATE SURVEY COMPLETED 06/30/2014
NAME OF PROVIDER OR SUPPLIER Right Time Right Place Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 6140 Cleveland Rd Jacksonville, FL 32209	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0078-Staffing Standards - Staff-06/30/2014
0081-Training - Staff In-Service-06/30/2014
0085-Training - Nutrition & Food Service-06/30/2014
L243-Lmh - Training-06/30/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 8, 2014

Administrator
Right Time Right Place LLC
6140 Cleveland Road
Jacksonville, FL 32209

Dear Administrator:

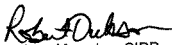
This letter reports the findings of a state licensure survey revisit conducted on June 30, 2014 by representative of this office.

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,


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

JPL/JM/sm
Enclosure

