

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968285	(X3) DATE SURVEY COMPLETED 08/06/2014
NAME OF PROVIDER OR SUPPLIER Porter's Adult Care Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 700 Day Ave Jacksonville, FL 32205	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0081-Training - Staff In-Service-08/06/2014

0090-Training - Do Not Resuscitate Orders-08/06/2014

L243-Lmh - Training-08/06/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 6, 2014

Administrator
Porter's Adult Care, Inc.
700 Day Avenue
Jacksonville, FL 32205

Dear Administrator:

This letter reports the findings of a state licensure desk review conducted on August 6, 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,

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

JM/sm
Enclosure

