

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967998	(X3) DATE SURVEY COMPLETED 08/19/2014
NAME OF PROVIDER OR SUPPLIER Diversity Me	STREET ADDRESS, CITY, STATE, ZIP CODE 3225 N Myrtle Ave Jacksonville, FL 32209	
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 monitoring visit to determine compliance with the Directed Plan of Correction in response to Class I deficiencies cited during a complaint investigation (CCR#2014004892) was conducted on August 19, 2014. Diversity Me did not follow the Directed Plan of Correction that was hand delivered to the facility on 7/31/14.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 26, 2014

Administrator
Diversity Me
3225 North Myrtle Avenue
Jacksonville, FL 32209

Dear Administrator:

This letter reports the findings of a state licensure monitoring visit to determine compliance with the Directed Plan of Correction in response to Class I deficiencies cited during a complaint investigation (CCR#2014004892) was conducted on August 19, 2014. Diversity Me did not follow the Directed Plan of Correction that was hand delivered to the facility on 7/31/14.

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 surveyors. 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

JM/sm
Enclosure

