

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964687	(X3) DATE SURVEY COMPLETED 09/30/2014
NAME OF PROVIDER OR SUPPLIER Elmcroft	STREET ADDRESS, CITY, STATE, ZIP CODE 7620 Timberlin Park Boulevard Jacksonville, FL 32256	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0029-Resident Care - Nursing Services-09/30/2014

0052-Medication - Assistance With Self-Admin-09/30/2014

0090-Training - Do Not Resuscitate Orders-09/30/2014

Z815-Background Screening; Prohibited Offenses-09/30/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 2, 2014

Administrator
Elmcroft
7620 Timberlin Park Boulevard
Jacksonville, FL 32256

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on September 30, 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

JS/JM/sm
Enclosure

