

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967123	(X3) DATE SURVEY COMPLETED 08/29/2014
NAME OF PROVIDER OR SUPPLIER Reffine's House	STREET ADDRESS, CITY, STATE, ZIP CODE 523 Fern Street Jacksonville, FL 32206	
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 was attempted on August 29, 2014 at 9:00am. At that time there was no one at the facility. A call to the facility at 904-379-2061 revealed that it was Reffine's House based on the message and that the machine was full and could not accept any messages. Our office had a second number 904-764-2891, which was disconnected. Tiki Stafford also has a second facility, Diversity Me, where I talked to staff and asked that she call me as soon as possible at 10:30am. No call has been received from Ms. Stafford as of 3:30pm. As of 4:45 Ms. Stafford called and said she had just received my message from 10:30am. She notes there are six residents at the facility. Unable to complete monitoring visit



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 10, 2014

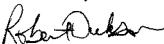
Administrator
Reffine's House
523 Fern Street
Jacksonville, FL 32206

Dear Administrator:

This letter reports findings of a state licensure monitoring visit that was attempted on August 29, 2014 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates at the time of the attempted visit no one was at the facility.

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

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