

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967130	(X3) DATE SURVEY COMPLETED 08/28/2014
NAME OF PROVIDER OR SUPPLIER Jacob's Ladder Family Assisted Living, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 946 Brunswick Lane Rockledge, FL 32955	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A Complaint investigation #2014005419 was conducted on 08/28/2014. Jacob's Ladder Family Assisted Living Facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 13, 2014

Ms. Lois Aarts
915 Yorktowne Drive
Rockledge, FL 32955

CONFIDENTIAL

RE: CCR# 2014005419

Dear Ms. Aarts:

Representative(s) from the Agency for Health Care Administration (AHCA) completed an unannounced visit at Jacob's Ladder Family Assisted Living, LLC on August 28, 2014. While at the facility, our staff thoroughly reviewed your concerns. The representative(s) observed care, interviewed resident(s)/patient(s) and staff, as well as completed medical chart reviews.

Although at the time of the inspection, the representative(s) did not find the facility was violating any laws or rules, your complaint information is important in helping us ensure facility compliance. This correspondence will remain as a permanent part of our complaint system and we will continue to monitor these concerns or issues during future visits.

Thank you for bringing your concerns to our attention. Inspection results will be available in approximately 45 days at http://apps.ahca.myflorida.com/dm_web or, if unavailable online, directions on how to obtain a copy of the report are included on the website as well. Your feedback is important to us and we invite you to complete a survey at <http://tinyurl.com/ahcasurvey>.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 13, 2014

Administrator
Jacob's Ladder Family
Assisted Living, LLC
946 Brunswick Lane
Rockledge, FL 32955

RE: CCR #2014005419

Dear Administrator:

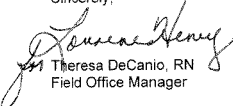
This letter reports the findings of a complaint survey completed on August 28, 2014 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

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(s). Should you have any questions, please contact Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

