

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966829	(X3) DATE SURVEY COMPLETED 10/22/2014
NAME OF PROVIDER OR SUPPLIER Ft Caroline Gardens	STREET ADDRESS, CITY, STATE, ZIP CODE 9150 Ft Caroline Rd Jacksonville, FL 32225	
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 biennial licensure survey was conducted on October 22, 2014. Fort Caroline Gardens had no licensure deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 23, 2014

Administrator
Ft Caroline Gardens
9150 Ft. Caroline Road
Jacksonville, FL 32225

Dear Administrator:

This letter reports findings of a state biennial licensure survey that was conducted on October 22, 2014 by representatives of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 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

JPL/JM/sm
Enclosure

