

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964643	(X3) DATE SURVEY COMPLETED 01/12/2015
NAME OF PROVIDER OR SUPPLIER Bishop Christian Home	STREET ADDRESS, CITY, STATE, ZIP CODE 1627 East 8th 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

On 1/9/2015 and 1/12/2015 a complaint investigation (2015-000154)was conducted at Bishop Christian Homes located at 1627 E 8th Street, Jacksonville, Florida 32206. During the investigation, deficiencies were not found.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 27, 2015

Administrator
Bishop Christian Home
1627 East 8th Street
Jacksonville, FL 32206

RE: CCR #2015000151

Dear Administrator:

This letter reports the findings of a complaint survey completed on January 12, 2015 by a representative 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. Should you have any questions, please contact this office at (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

VS/JM/sm
Enclosure

