

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/01/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968748	(X3) DATE SURVEY COMPLETED 03/25/2015
NAME OF PROVIDER OR SUPPLIER JACOB'S LADDER FAMILY III ASSISTED LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1504 FISKE BLVD ROCKLEDGE, FL 32955	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

Conducted Extended Congregate Care (ECC) Monitoring visit on 3/25/15. Jacob's Ladder III Family Assisted Living Facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 1, 2015

Administrator
Jacob's Ladder Family Iii Assisted Living, LLC
1504 Fiske Blvd
Rockledge, FL 32955

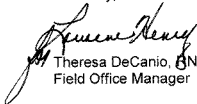
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on March 25, 2015 by representative(s) 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 surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, BN
Field Office Manager

TDC:clr
Enclosure

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