

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968414	(X3) DATE SURVEY COMPLETED 03/17/2015
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NAME OF PROVIDER OR SUPPLIER BRADFORD HOMELIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2335 SOUTEL DR JACKSONVILLE, FL 32208
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**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

An unannounced Limited Nursing Services (LNS) and Extended Congregate Care (ECC) monitoring survey was conducted at Bradford Homeliving, LLC, in Jacksonville, Florida on March 17, 2015. No licensure deficiencies were identified at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 1, 2015

Administrator
Bradford Homeliving LLC
2335 Soutel Dr
Jacksonville, FL 32208

Dear Administrator:

This letter reports findings of a state licensure Extended Congregate Care and Limited Nursing Services survey that was conducted on March 17, 2015 by a representative 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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

A handwritten signature in cursive script, reading "Jana Meyering", is written over the typed name.

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

JG/JM/sm
Enclosure

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