

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/27/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968709	(X3) DATE SURVEY COMPLETED 05/18/2015
NAME OF PROVIDER OR SUPPLIER UPSCALE PERSONAL CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 4375 AUTUMN RIVER RD E JACKSONVILLE, FL 32224	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

A capacity increase survey was conducted on 5/18/15. Upscale Personal Care Home had no deficiencies at the time of visit. Capacity increase from 5 to 6 is approved.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 27, 2015

Administrator
Upscale Personal Care Home
4375 Autumn River Road East
Jacksonville, FL 32224

Dear Administrator:

This letter reports findings of a state licensure capacity increase survey that was conducted on May 18, 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,

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

JM/sm
Enclosure

