

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 06/01/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968119	(X3) DATE SURVEY COMPLETED 05/28/2015
NAME OF PROVIDER OR SUPPLIER TERRACE AT IVEY ACRES AL	STREET ADDRESS, CITY, STATE, ZIP CODE 3964 FLORIDA AVE JAY, FL 32565	

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

0000 - Initial Comments

An unannounced abbreviated biennial licensure survey with limited nursing services was conducted at Terrace of Ivey Acres assisted living from 5/27/15 to 5/28/15. No deficient practice was found at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 2, 2015

Administrator
Terrace At Ivey Acres AI
3964 Florida Ave
Jay, FL 32565

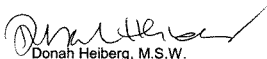
Dear Administrator:

This letter reports findings of an abbreviated state licensure survey that was conducted on May 27, 2015 and May 28, 2015 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 me at 850-412-4540.

Sincerely,


Donah Heiberg, M.S.W.
Field Office Manager

DH/kc
Enclosure

1GGN

