

**AGENCY FOR HEALTH CARE
ADMINISTRATION**PRINTED: 07/07/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968754	(X3) DATE SURVEY COMPLETED 05/06/2015
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NAME OF PROVIDER OR SUPPLIER BEACH HOUSE ASSISTED LIVING & MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1315 2ND AVENUE SOUTH JACKSONVILLE BEACH, FL 32250
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Extended Congregate Care monitoring visit and a licensure complaint survey, CCR #2015003274, was conducted on 6/30/2015. Beach House Assisted Living and Memory Care had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 7, 2015

Administrator
Beach House Assisted Living & Memory Care
1315 2nd Avenue South
Jacksonville Beach, FL 32250

RE: CCR #2015003273

Dear Administrator:

This letter reports the findings of a complaint and Extended Congregate Care survey completed on May 6, 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,


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

JD/JM/sm
Enclosure

