

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/10/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965767	(X3) DATE SURVEY COMPLETED 07/06/2015
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NAME OF PROVIDER OR SUPPLIER SOME PLACE LIKE HOME, INC.#3	STREET ADDRESS, CITY, STATE, ZIP CODE 4217 CHIPPEWA DRIVE JACKSONVILLE, FL 32210
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**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

A biennial licensure survey was conducted on 07/06/2015. Some Place Like Home, Inc. #3 had no licensure deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 10, 2015

Administrator
Some Place Like Home, Inc. #3
4217 Chippewa Drive
Jacksonville, FL 32210

Dear Administrator:

This letter reports findings of a state biennial licensure survey that was conducted on July 6, 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 Meyerling, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JD/JM/sm
Enclosure

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