

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/17/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968285	(X3) DATE SURVEY COMPLETED 08/11/2015
NAME OF PROVIDER OR SUPPLIER PORTER'S ADULT CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 700 DAY AVE JACKSONVILLE, FL 32205	

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

0000 Initial Comments

A complaint investigation (CCR #2015005093) was conducted at Porter's Adult Center on August 11, 2015. Deficiencies were not identified.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 17, 2015

Administrator
Porter's Adult Care, Inc.
700 Day Avenue
Jacksonville, FL 32205

RE: CCR #2015005093

Dear Administrator:

This letter reports the findings of a complaint survey completed on August 11, 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,

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

JD/JM/sm
Enclosure

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