STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968369	**08/27/2015**
NAME OF PROVIDER OR SUPPLIER **LEGACY AT ST JOHNS (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 HILLCREST HEIGHTS AVE** **ST JOHNS, FL 32259**	

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

0000 Initial Comments

A complaint investigation (CCR #2015009035) was conducted at Legacy at St. Johns on August 27, 2015. Deficiencies were not identified.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 9, 2015

Administrator
The Legacy At St. Johns
100 Hillcrest Heights Avenue
St. Johns, FL 32259

RE: CCR #2015009035

Dear Administrator:

This letter reports the findings of a complaint survey completed on August 27, 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

HS/JM/sm
Enclosure

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Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com