



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 7, 2015

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

Dear Administrator:

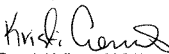
This letter reports the findings of a state licensure survey revisit conducted on September 30, 2015 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 me at 850-412-4540.

Sincerely,


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

DH/kc
Enclosure

DT9D



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/07/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968119	(X3) DATE SURVEY COMPLETED R 09/30/2015
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 Limited Nursing Services Monitoring revisit survey was conducted on 9/30/15. The Terrace at Ivey Acres Assisted Living Facility had no deficiencies found at the time of the visit.

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11968119

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
9/30/2015

Name of Facility

Street Address, City, State, Zip Code

TERRACE AT IVEY ACRES AL

3964 FLORIDA AVE
JAY, FL 32565

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix AN277 Reg. # 58A-5.031(2) FAC LSC	Correction Completed 09/30/2015	ID Prefix AN278 Reg. # 58A-5.031(3) FAC LSC	Correction Completed 09/30/2015	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
Kristi Conely
Reviewed By

Date:
10/7/15
Date:

Signature of Surveyor:
Kristi Conely For Fernal Wendall
Signature of Surveyor:

Date:
10/7/15
Date:

Followup to Survey Completed on:

8/6/2015

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO