RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 7, 2015

Administrator
Terrace At Ivey Acres Al
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.
FOR Field Office Manager

DH/kc
Enclosure

DT9D

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968119	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.

AH Form Approved
10/7/2015

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
TERRACE AT IVEY ACRES AL

Street Address, City, State, Zip Code
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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **AN277** Reg. # **58A-5.031(2) FAC** LSC	**09/30/2015**	ID Prefix **AN278** Reg. # **58A-5.031(3) FAC** LSC	**09/30/2015**	ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency — **Reviewed By**: Kristi Conoly — **Date:** 10/7/15 — **Signature of Surveyor:** Kristi Conoly FOR Ferral Wendall — **Date:** 10/7/15

Reviewed By CMS RO — **Reviewed By** — **Date:** — **Signature of Surveyor:** — **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**