

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/12/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966826	(X3) DATE SURVEY COMPLETED 09/29/2015
NAME OF PROVIDER OR SUPPLIER HERITAGE CROSSINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 2689 ART MUSEUM DR JACKSONVILLE, FL 32207	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 Initial Comments

A complaint investigation (CCR #2015007073) was conducted at Heritage Crossing Assisted Living Facility on 09/29/20. Heritage Crossing Assisted Living Facility had no deficiencies at the time of the investigation



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 12, 2015

Administrator
Heritage Crossings
2689 Art Museum Drive
Jacksonville, FL 32207

RE: CCR #2015007073

Dear Administrator:

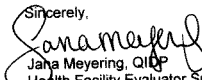
This letter reports the findings of a complaint survey completed on September 29, 2015 by a representative of this office.

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, QIP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JD/JM/sm
Enclosure

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