

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/21/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968294	(X3) DATE SURVEY COMPLETED 10/20/2015
NAME OF PROVIDER OR SUPPLIER RIGHT TIME RIGHT PLACE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6140 CLEVELAND RD JACKSONVILLE, FL 32209	

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

0000 Initial Comments

On October 20, 2015 an initial licensure survey for Limited Mental Health was conducted at Right Time, Right Place Assisted Living. Deficient Practice was not identified during the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 21, 2015

Administrator
Right Time Right Place LLC
6140 Cleveland Rd
Jacksonville, FL 32209

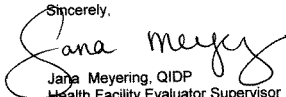
Dear Administrator:

This letter reports the findings of an initial Licensure Limited Mental Health survey conducted on October 20, 2015 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 call this office at (904) 798-4201.

Sincerely,


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

JS/JM/sm
Enclosure

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