

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/29/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911189	(X3) DATE SURVEY COMPLETED 10/21/2015
NAME OF PROVIDER OR SUPPLIER TAYLOR HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3937 SPRING PARK ROAD JACKSONVILLE, FL 32207	

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

0000 Initial Comments

On 10/21/2015 a monitoring visit for extended congregate care was conducted at Taylor Home. No deficient practice was found.



RICK SCOTT
GOVERNOR

ELIZABETH DUKE
SECRETARY

October 29, 2015

Administrator
Taylor Home
3937 Spring Park Road
Jacksonville, FL 32207

Dear Administrator:

This letter reports findings of a state licensure Extended Congregate Care survey that was conducted on October 21, 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
for Health Facility Evaluator Supervisor
Division of Health Quality Assurance

VS/JM/sm
Enclosure

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