STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968754	**11/11/2015**
NAME OF PROVIDER OR SUPPLIER **BEACH HOUSE ASSISTED LIVING & MEMORY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1315 2ND AVENUE SOUTH** **JACKSONVILLE BEACH, FL 32250**	

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

0000 Initial Comments

On November 11, 2015 an Extended Care Licensure survey was conducted at Beach House Assisted LIving and Memory Care. Deficient practice was not identified during the surveys.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 23, 2015

Administrator
Beach House Assisted Living & Memory Care
1315 2nd Avenue South
Jacksonville Beach, FL 32250

Dear Administrator:

This letter reports findings of a state licensure Extended Congregate Care survey that was conducted on November 11, 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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