

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 12/02/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966826	(X3) DATE SURVEY COMPLETED 11/13/2015
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 #2015009532) was conducted at Heritage Crossings on 11/13/2015. Heritage Crossings has no deficiencies at the time of the investigation.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 2, 2015

Administrator
Heritage Crossings
2689 Art Museum Drive
Jacksonville, FL 32207

RE: CCR #2015009532

Dear Administrator:

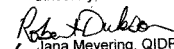
This letter reports the findings of a complaint survey completed on November 13, 2015 by a representative of this office.

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, QIDP

FL Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/JM/sm
Enclosure

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