STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911149	**12/08/2015**
NAME OF PROVIDER OR SUPPLIER **FANNIE E TAYLOR HOME FOR THE AGED -TAYLOR MANOR,**	STREET ADDRESS, CITY, STATE, ZIP CODE **6605 CHESTER AVENUE** **JACKSONVILLE, FL 32217**	

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

0000 Initial Comments

On December 8, 2015, an Extended Congregate Care (ECC) monitoring survey was conducted at Fannie E. Taylor Home for the Aged. No deficient practice was identified during the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 15, 2015

Administrator
Fannie E Taylor Home For The Aged -Taylor Manor
6605 Chester Avenue
Jacksonville, FL 32217

Dear Administrator:

This letter reports findings of a state licensure Extended Congregate Care survey that was conducted on December 8, 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

JG/JM/sm
Enclosure

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