STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968956	**03/07/2016**
NAME OF PROVIDER OR SUPPLIER **HOME CARE ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1906 BELHAVEN DR** **ORANGE PARK, FL 32065**	

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

0000 Initial Comments

An initial licensure survey was conducted on 03/07/2016. Home Care Assisted Living Facility had no Licensure deficiencies found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 8, 2016

Administrator
Home Care Assisted Living, LLC
1906 Belhaven Drive
Orange Park, FL 32065

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on March 7, 2016 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

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

JD/JM/sm
Enclosure

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