

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/10/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968973	(X3) DATE SURVEY COMPLETED 03/03/2016
NAME OF PROVIDER OR SUPPLIER SILVER SHORES LIVING, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2317 GILMORE ST JACKSONVILLE, FL 32204	

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

0000 Initial Comments

An announced, initial licensure survey with Limited Nursing Services (LNS) was conducted at Silver Shores Living, Inc. on 3/3/2016. The provider had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 10, 2016

Administrator
Silver Shores Living, Inc.
2317 Gilmore Street
Jacksonville, FL 32204

Dear Administrator:

This letter reports the findings of an initial Licensure with Limited Nursing Services survey conducted on March 3, 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, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure

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