

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/31/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968606	(X3) DATE SURVEY COMPLETED 03/10/2016
NAME OF PROVIDER OR SUPPLIER CLAIR WINSTON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 132 W STANSELL ST MACCLENNY, FL 32063	

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

0000 Initial Comments

An unannounced biennial relicensure survey was conducted at Claire Winston House in Macclenny, Florida on March 10, 2016. No deficiencies were identified as a result of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 31, 2016

"Revised"

Administrator
Clair Winston House
132 West Stansell Street
Maccleddy, FL 32063

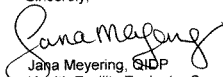
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on March 10, 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, SHIP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JM/sm
Enclosure

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