

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 04/20/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967697	(X3) DATE SURVEY COMPLETED 04/05/2016
NAME OF PROVIDER OR SUPPLIER SUNRISE OF JACKSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 4870 BELFORT RD JACKSONVILLE, FL 32256	

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

0000 Initial Comments

A complaint investigation (CCR #2016000118) was conducted at Sunrise of Jacksonville Assisted Living on 4/5/2016. Sunrise of Jacksonville Assisted Living had no deficiencies at the time of the investigation.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 20, 2016

Administrator
Sunrise Of Jacksonville
4870 Belfort Road
Jacksonville, FL 32256

RE: CCR #2016000118

Dear Administrator:

This letter reports the findings of a complaint survey completed on April 5, 2016 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
for Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/JM/sm
Enclosure

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