

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/25/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967697	(X3) DATE SURVEY COMPLETED 05/19/2016
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

On May 19, 2016 an Extended Congregate Care survey was conducted at Sunrise of Jacksonville. Deficient practice was not identified during the survey



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

Administrator
Sunrise Of Jacksonville
4870 Belfort Road
Jacksonville, FL 32256

Dear Administrator:

This letter reports findings of a state licensure Extended Congregate Care survey that was conducted on May 19, 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
for Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/JM/sm
Enclosure

1GGN

