

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/31/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965877	(X3) DATE SURVEY COMPLETED 05/17/2016
NAME OF PROVIDER OR SUPPLIER STEPHENS MEMORIAL HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5805 DATIL PEPPER ROAD ST AUGUSTINE, FL 32086	

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

0000 Initial Comments

On May 17, 2016 a biennial relicensure survey was conducted at Stephen's Memorial Home Assisted Living. Deficient practice was not identified during the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

May 31, 2016

Administrator
Stephens Memorial Home
5805 Datil Pepper Road
St. Augustine, FL 32086

Dear Administrator:

This letter reports findings of a state biennial licensure survey that was conducted on May 17, 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 Meyer, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JD/JM/sm
Enclosure

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