STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968881	06/03/2016
NAME OF PROVIDER OR SUPPLIER **INGLESIDE RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1433 INGLESIDE AVENUE** **JACKSONVILLE, FL 32205**	

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

0000 Initial Comments

On 6/3/2016 an unannounced complaint survey (CCR#2016002462) was conducted at Ingleside Retirement Home (License #12704) . At the time of the survey no deficient practice was found.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 14, 2016

Administrator
Ingleside Retirement Home
1433 Ingleside Avenue
Jacksonville, FL 32205

RE: CCR #2016002462

Dear Administrator:

This letter reports the findings of a complaint survey completed on June 3, 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,

Dana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

VS/JM/sm
Enclosure

8JK1

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com