

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/13/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968832	(X3) DATE SURVEY COMPLETED 07/06/2016
NAME OF PROVIDER OR SUPPLIER THE INN AT AGING GRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2408 SOUTEL DR JACKSONVILLE, FL 32208	

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

0000 Initial Comments

A complaint investigation (CCR 2016003826) was conducted at The Inn at Aging Grace Assisted Living Facility (License #12669) on 07/06/2016. The Inn at Aging Grace Assisted Living Facility had no deficiencies at the time of the investigation.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 13, 2016

Administrator
The Inn At Aging Grace
2408 Soutel Drive
Jacksonville, FL 32208

RE: CCR #2016003826

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 6, 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,


for Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JD/JM/sm
Enclosure

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