

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/01/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964687	(X3) DATE SURVEY COMPLETED 07/25/2016
NAME OF PROVIDER OR SUPPLIER ELMCROFT	STREET ADDRESS, CITY, STATE, ZIP CODE 7620 TIMBERLIN PARK BOULEVARD JACKSONVILLE, FL 32256	

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

0000 Initial Comments

On July 25, 2016 a biennial licensure survey was conducted at Elmcroft Assisted Living Facility, License number 9191.

Deficient practice was not identified during the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 1, 2016

Administrator
Elmcroft
7620 Timberlin Park Boulevard
Jacksonville, FL 32256

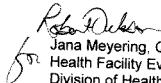
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on July 25, 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
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure

1GGN

