

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/16/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969068	(X3) DATE SURVEY COMPLETED 08/10/2016
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NAME OF PROVIDER OR SUPPLIER WATERCREST OF SAN JOSE ASSISTED LIVING AND	STREET ADDRESS, CITY, STATE, ZIP CODE 9075 SAN JOSE BLVD JACKSONVILLE, FL 32257
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

On August 10, 2016 an initial licensure survey was conducted at Watercrest of San Jose Assisted Living Facility. Deficient practice was not identified during the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 16, 2016

Administrator
Watercrest of San Jose Assisted Living and Memory
9075 San Jose Blvd.
Jacksonville, FL 32257

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on August 10, 2016 by representatives 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 surveyors. Should you have any questions please call this office at (904) 798-4201.

Sincerely,


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

JG/JM/sm
Enclosure

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