STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968285	**08/04/2016**
NAME OF PROVIDER OR SUPPLIER **PORTER'S ADULT CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 DAY AVE** **JACKSONVILLE, FL 32205**	

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

0000 Initial Comments

On August 4, 2016, an unannounced biennial re-licensure survey with Limited Mental Health (LMH) was conducted at Porter's Adult Care (License #12235). Deficient practice was not identified during the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 16, 2016

Administrator
Porter's Adult Care, Inc.
700 Day Avenue
Jacksonville, FL 32205

Dear Administrator:

This letter reports findings of a state biennial licensure with Limited Mental Health survey that was conducted on August 4, 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,

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

JS/JM/sm
Enclosure

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