

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/09/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911437	(X3) DATE SURVEY COMPLETED 09/06/2016
NAME OF PROVIDER OR SUPPLIER PLYMOUTH HOME FOR ADULTS	STREET ADDRESS, CITY, STATE, ZIP CODE 3225 PLYMOUTH STREET JACKSONVILLE, FL 32205	

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

0000 Initial Comments

On September 6, 2016 an unannounced complaint survey CCR#2016009928, CCR#2016009997, & CCR#2016007780 was conducted at Plymouth Home for Adults Assisted Living, License #5228. Deficient practice was not identified as a result of the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

September 9, 2016

Administrator
Plymouth Home For Adults
3225 Plymouth Street
Jacksonville, FL 32205

RE: CCR #2016009780; 2016009978 & 2016009997

Dear Administrator:

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

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

JG/JM/sm
Enclosure

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