

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/09/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969004	(X3) DATE SURVEY COMPLETED 08/22/2016
NAME OF PROVIDER OR SUPPLIER JUBILEE ASSISTED LIVING OF FLORIDA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 16639 REDWOOD WAY WESTON, FL 33326	

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

0000 **Initial Comments**

An announced initial licensure survey for a capacity of 8 residents was conducted on August 22, 2016 at Jubilee Assisted Living of Florida. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 9, 2016

Administrator
Jubilee Assisted Living Of Florida LLC
16639 Redwood Way
Weston, FL 33326

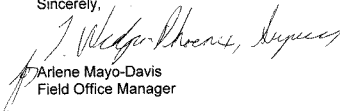
Dear Administrator:

This letter reports the findings of an Initial Licensure survey conducted on August 22, 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

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