STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968956	**12/27/2016**
NAME OF PROVIDER OR SUPPLIER **HOME CARE ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1906 BELHAVEN DR** **ORANGE PARK, FL 32065**	

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

0000 Initial Comments

On December 27, 2016 a Limited Nursing Services survey were conducted at Home Care Assisted Living (License #12803). Deficient practice was not identified during the surveys

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 28, 2016

Administrator
Home Care Assisted Living LLC
1906 Belhaven Drive
Orange Park, FL 32065

Dear Administrator:

This letter reports findings of a state licensure Limited Nursing Services survey that was conducted on December 27, 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

JS/JM/sm
Enclosure

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