STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968973	**12/28/2016**
NAME OF PROVIDER OR SUPPLIER **SILVER SHORES LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2317 GILMORE ST** **JACKSONVILLE, FL 32204**	

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

0000 Initial Comments

On December 28, 2016 a Limited Nursing Services survey were conducted at Silver Shores Living (License #12806). Deficient practice was not identified during the surveys

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

January 5, 2017

Administrator
Silver Shores Living, Inc.
2317 Gilmore Street
Jacksonville, FL 32204

Dear Administrator:

This letter reports findings of a state licensure Limited Nursing Services survey that was conducted on December 28, 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,

amanda wisehart

Amanda Wisehart
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/AW/sm
Enclosure

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