Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968539	A. BUILDING: _____ B. WING _____	R 07/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARTRAM LAKES ASSISTED LIVING	6209 BROOKS BARTRAM DR BLDG 200 JACKSONVILLE, FL 32258

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A desk review conducted on July 5, 2019 pertaining to deficiencies found during the February 27, 2019 through March 11, 2019 Extended Congregate Care monitoring survey and an Emergency Power Plan (EPP) monitoring survey which was conducted at Bartram Lakes Assisted Living Facility. Deficient practice was identified during the survey. The facility has submitted an acceptable Plan of Correction. Based upon review and approval of facility's Plan of Correction, the previously identified deficiencies have been deemed corrected.	{A 000}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 07/05/19