

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/30/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11912070	(X3) DATE SURVEY COMPLETED 08/27/2013
NAME OF PROVIDER OR SUPPLIER Almost Home Senior Services, I	STREET ADDRESS, CITY, STATE, ZIP CODE 9664 Hood Road Jacksonville, FL 32257	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A monitoring visit for Extended Congregate Care was conducted at Almost Home on August 27, 2013. Almost Home Senior Services, Inc. had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR



ELIZABETH DUDEK
SECRETARY

August 30, 2013

Administrator
Almost Home Senior Services, I
9664 Hood Road
Jacksonville, FL 32257

Dear Administrator:

This letter reports findings of a state licensure Extended Congregate Care survey that was conducted on August 27, 2013 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,

A handwritten signature in black ink that reads "Keisha Woods".

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LM/KW/sm
Enclosure

