

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 03/17/2014  
FORM APPROVED

|                                                                                                        |                                                                                           |                                                     |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11912070</b>                 | (X3) DATE SURVEY COMPLETED<br><br><b>03/13/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Almost Home Senior Services, I</b>                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9664 Hood Road<br/>Jacksonville, FL 32257</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                           |                                                     |

**List of Tags Cited:**

St - A - 0000 - Initial Comments

**Specific Tag Findings:**

0000-Initial Comments

An abbreviated licensure and Extended Congregate Care survey was conducted on March 13, 2014. Almost Home Senior Services had no licensure deficiencies found at the time of the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 17, 2014

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

Dear Administrator:

This letter reports findings of a state abbreviated licensure and Extended Congregate Care survey that was conducted on March 13, 2014 by representatives 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 surveyors. 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

JPL/JM/sm  
Enclosure

