

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/02/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964766	(X3) DATE SURVEY COMPLETED 05/07/2014
NAME OF PROVIDER OR SUPPLIER Pleasant Living Facility	STREET ADDRESS, CITY, STATE, ZIP CODE 1543 Hill Street Jacksonville, FL 32202	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

Specific Tag Findings:

0000-Initial Comments

A biennial licensure survey with Limited Mental Health specialty license was conducted on May 7, 2014. Pleasant Living Facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 2, 2014

Administrator
Pleasant Living Facility
1543 Hill Street
Jacksonville, FL 32202

Dear Administrator:

This letter reports findings of a state biennial licensure with Limited Mental Health survey that was conducted on May 7, 2014 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

JM/JM/sm
Enclosure

