STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964585	12/22/2015
NAME OF PROVIDER OR SUPPLIER **JANE ADAMS HOUSE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1550 NECTARINE STREET** **FERNANDINA BEACH, FL 32034**	

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

0000 Initial Comments

A capacity increase survey was conducted at Jane Adams House Assited Living Facility in Fernandina, FL on December 22, 2015. Deficiencies were not identified.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 5, 2016

Administrator
The Jane Adams House
1550 Nectarine Street
Fernandina Beach, FL 32034

Dear Administrator:

This letter reports findings of a state licensure capacity increase survey that was conducted on December 22, 2015 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,

for Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure

1GGN

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