

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 07/18/2016  
FORM APPROVED

|                                                               |                                                                                                      |                                                     |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11964585</b>                          | (X3) DATE SURVEY COMPLETED<br><br><b>07/07/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>JANE ADAMS HOUSE (THE)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1550 NECTARINE STREET<br/>FERNANDINA BEACH, FL 32034</b> |                                                     |

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

**0000 Initial Comments**

A complaint investigation (CCR#2016004746) was conducted at Jane Adams House Assisted Living (License #9091) on 7/7/2016. Jane Adams House had no deficiencies at the time of the investigation.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

July 18, 2016

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

**RE: CCR #2016004746**

Dear Administrator:

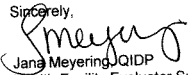
This letter reports the findings of a complaint survey completed on July 7, 2016 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact this office at (904) 798-4201.

Sincerely,

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

JS/JM/sm  
Enclosure

BJK1

