

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 11/17/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964585	(X3) DATE SURVEY COMPLETED 11/08/2016
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

On November 08, 2016 a complaint survey CCR#2016010479 was conducted at Jane Adams House Assisted Living Facility, License number 9091. Deficient practice was not identified during the survey



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 17, 2016

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

RE: CCR #2016010479

Dear Administrator:

This letter reports the findings of a complaint survey completed on November 8, 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,

A handwritten signature in dark ink, appearing to read "Jana Meyerling".

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

JG/JM/sm
Enclosure

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