

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 12/21/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968760	(X3) DATE SURVEY COMPLETED 12/02/2016
NAME OF PROVIDER OR SUPPLIER BISHOP CHRISTIAN HOME II	STREET ADDRESS, CITY, STATE, ZIP CODE 16308 MAGNOLIA GROVE WAY JACKSONVILLE, FL 32218	

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

0000 Initial Comments

On December 4, 2016 a re-licensure survey with Limited Mental Health was conducted at Bishop Christian Home II for Living Assisted Living Facility, License number 12594. Deficient practice was not identified during the survey.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 21, 2016

Administrator
Bishop Christian Home II
16308 Magnolia Grove Way
Jacksonville, FL 32218

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 2, 2016 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

JG/JM/sm
Enclosure

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