

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 02/06/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911149	(X3) DATE SURVEY COMPLETED 01/31/2017
NAME OF PROVIDER OR SUPPLIER FANNIE E TAYLOR HOME FOR THE AGED -TAYLOR MANOR,	STREET ADDRESS, CITY, STATE, ZIP CODE 6605 CHESTER AVENUE JACKSONVILLE, FL 32217	

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

0000 Initial Comments

On January 31, 2017 an unannounced abbreviated re-licensure survey with Extended Congregate Care was conducted at Fannie Taylor Home for the Aged (License #7201). Deficient Practice was not identified during the survey.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 6, 2017

Administrator
Fannie E. Taylor Home For The Aged -Taylor Manor,
6605 Chester Avenue
Jacksonville, FL 32217

Dear Administrator:

This letter reports findings of a state licensure abbreviated survey with Extended Congregate Care that was conducted on January 31, 2017 by representatives 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 surveyors. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Amanda Wisehart
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/AW/sm
Enclosure

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