



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

October 1, 2012

Administrator
Cedar Creek
231 NW Highway 19
Crystal River, FL 34428

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on September 11, 2012 by representative(s) of this office. Attached is the provider's copy of the State (3020) 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(s). Should you have any questions please call Anna Lopez at (386) 462-6201.

Sincerely,

Anna Lopez, AHCA Secretary
Kriste J. Mennella
Field Office Manager

KJM/al
Enclosure: State Form 3020

65FO



Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965899	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2012
NAME OF PROVIDER OR SUPPLIER CEDAR CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 231 NW HIGHWAY 19 CRYSTAL RIVER, FL 34428		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
A 000	Initial Comments On 09/10-11/2012 an unannounced abbreviated biennial licensure survey was conducted at Cedar Creek assisted living facility. No discernible deficiencies were identified as a result of this survey. The facility was in compliance with Chapters 408, Part II & 429, Part, I, Florida Statute and 58A-5, Florida Administrative Code.		A 000	

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0399

LCNQ11

If continuation sheet 1 of 1