Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910406	A. BUILDING _____ B. WING _____	09/27/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESTVIEW MANOR	603 NORTH PEARL STREET CRESTVIEW, FL 32536

(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)	(X5) COMPLETE DATE
A 000	Initial Comments On 9/27/12 at Crestview Manor Assisted Living Facility, an unannounced complaint survey (CCR# 2012009266) was conducted. There were no deficiencies found at the time of the visit.	A 000		

AHCA Form 3020-0001

TITLE (X6) DATE

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

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

October 2, 2012

Ms. Denise Henderson
2125 23rd Street
Sacramento, CA 95818

CONFIDENTIAL
CCR# 2012009266

Dear Ms. Henderson:

A representative from the Agency for Health Care Administration (AHCA) completed an unannounced visit at Crestview Manor on September 27, 2012. While at the facility, our staff thoroughly reviewed your concerns. The representative observed care, interviewed residents and staff, as well as completed medical chart reviews.

Although at the time of the inspection, the representative did not find the facility was violating any laws or rules, your complaint information is important in helping us ensure facility compliance. This correspondence will remain as a permanent part of our complaint system and we will continue to monitor these concerns or issues during future visits.

Thank you for bringing your concerns to our attention. You may view previous inspection results at http://apps.ahca.myflorida.com/dm_web. Your feedback is important to us and we invite you to complete a survey at http://tinyurl.com/ahcasurvey.

Sincerely,

Patricia McGettigan

Donah Heiberg, MSW
Field Office Manager

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone 850-412-4540; Fax (850) 922-9162

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

October 2, 2012

Administrator
Crestview Manor
603 North Pearl Street
Crestview, FL 32536

Re: CCR #2012009266

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 27, 2012 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies and Plan of Correction, State (3020) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 me at 850-412-4540.

Sincerely,

Donah Heiberg, MSW
Field Office Manager

Enclosure

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