AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

November 14, 2012

Administrator
Cross City Manor N.P.,inc.
257 Se 45th Ave
Cross City, FL 32628

Re: CCR #2012011216

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 16, 2012 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies 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(s). Should you have any questions, please contact Anna Lopez at (386) 462-6201.

Sincerely,

Anna Lopez, HFES for

Kriste J. Mennella
Field Office Manager

KJM/al
Enclosure: State Form 3020

7MRZ

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2727 Mahan Drive
Tallahassee, FL 32308
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14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
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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
	AL11910640	A. BUILDING _____ B. WING _____	10/16/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROSS CITY MANOR N.P.,INC.	257 SE 45TH AVE CROSS CITY, FL 32628

(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 An unannounced survey for CCR #2012011216, was conducted on October 16, 2012. The allegation that the facility had a fire was substantiated without deficiency and the allegation that the facility failed to secure medications was not substantiated. The fire resulted in 100% of the facility being destroyed.	A 000		