



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 12, 2013

Administrator
Apple House II
2301 S. Hwy. 17
Crescent City, FL 32112

Re: CCR #2013008244

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 5, 2013 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) 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 this office at (386) 462-6201.

Sincerely,


Kriste J. Mennella
Field Office Manager

KJM/bh
Enclosure



AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/12/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964723	(X3) DATE SURVEY COMPLETED 09/05/2013
NAME OF PROVIDER OR SUPPLIER Apple House II	STREET ADDRESS, CITY, STATE, ZIP CODE 2301 S. Hwy. 17 Crescent City, FL 32112	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

On 09/05/2013 an unannounced complaint survey CCR #2013008244 was conducted at Apple House II Assisted Living Facility in Crescent City Florida. No discernible deficiencies were identified as a result of this survey. The facility was in compliance at this time.