

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/07/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910406	(X3) DATE SURVEY COMPLETED 10/02/2013
NAME OF PROVIDER OR SUPPLIER Crestview Manor	STREET ADDRESS, CITY, STATE, ZIP CODE 603 North Pearl Street Crestview, FL 32536	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Extended Congregate Care (ECC) monitoring survey was conducted on 10/2/2013. Crestview Manor Assisted Living Facility had no deficiencies at the time of the monitoring visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 7, 2013

Administrator
Crestview Manor
603 North Pearl Street
Crestview, FL 32536

Dear Administrator:

This letter reports findings of a state licensure extended congregate care monitoring survey that was conducted on October 2, 2013 by a representative 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 surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,


Donah Heiberg, M.S.W.
Field Office Manager

Enclosure
DH/pm

1GGN

