

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/08/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911081	(X3) DATE SURVEY COMPLETED 10/03/2013
NAME OF PROVIDER OR SUPPLIER Twin Cities Pavilion	STREET ADDRESS, CITY, STATE, ZIP CODE 1053 John Sims Parkway Niceville, FL 32578	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced extended congregate care (ECC) monitoring visit was conducted at Twin Cities Pavilion ALF on 10/3/13. There were no deficiencies found at the time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 8, 2013

Administrator
Twin Cities Pavilion
1053 John Sims Parkway
Niceville, FL 32578

Dear Administrator:

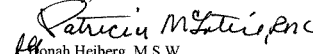
This letter reports the findings of a state licensure extended congregate care (ECC) monitoring revisit, and a new ECC monitoring visit conducted on October 3, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected, and no new deficiencies were found on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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,


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

DH/pm
Enclosure

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