

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/09/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966948	(X3) DATE SURVEY COMPLETED 01/03/2014
NAME OF PROVIDER OR SUPPLIER Carrington Manor	STREET ADDRESS, CITY, STATE, ZIP CODE 3215 East James Lee Blvd Crestview, FL 32539	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

A Limited Nursing Service monitoring visit was conducted at Carrington Manor assisted living facility in Crestview, FL on 1/3/14. The facility had no deficiencies at the time of this survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 9, 2014

Administrator
Carington Manor
3215 East James Lee Blvd
Crestview, FL 32539

RE: LNS MONITORING

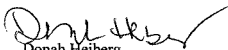
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on January 3, 2014 by representative(s) 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(s). Should you have any questions please call me at 850-412-4540.

Sincerely,


Donah Heiberg
Field Office Manager

DH/dh
Enclosure

IGGN

