STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911081	**04/15/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Twin Cities Pavilion	**1053 John Sims Parkway Niceville, FL 32578**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-04/15/2014
0030-Resident Care - Rights & Facility Procedures-04/15/2014
0054-Medication - Records-04/15/2014
0055-Medication - Storage And Disposal-04/15/2014
0077-Staffing Standards - Administrators-04/15/2014
0081-Training - Staff In-Service-04/15/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-04/15/2014
0090-Training - Do Not Resuscitate Orders-04/15/2014
0165-Risk Mgmt & Qa; Adverse Incident Report-04/15/2014

0000-Initial Comments
A follow up survey to CCR#201400564 and 201400992 and a follow up to the Medicaid Program Integrity and Health Quality Assurance monitoring visit on 2/12/14 was conducted 4/14 -4/15/14 in conjunction with and Extended Congregate Care monitoring visit and new complaint investigation for CCR#2014002318 and 2014003389 at Twin Cities Pavilion Assisted Living Facility in Niceville, FL. No deficient practice was found at the time of this survey related to the follow up to the Medicaid Program Integrity and Health Quality Assuance monitoring vist, or related to the follow up to previous complaints (CCR#201400564 & CCR#201400992). Deficiencies were found related to the 2 new compliants (CCR#2014002318 & CCR#2014003389).

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 22, 2014

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on April 15, 2014 by representatives of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

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

DH/pm
Enclosure

DT9D

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone 850-412-4540; Fax (850) 922-9162