

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/12/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910406	(X3) DATE SURVEY COMPLETED 05/06/2014
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 survey was conducted for CCR#2014003136 on 5/6/14 at the Crestview Manor assisted living facility. The facility had no deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 12, 2014

Administrator
Crestview Manor
603 North Pearl Street
Crestview, FL 32536

Re: CCR #2014003136

Dear Administrator:

This letter reports the findings of a complaint survey completed on May 6, 2014 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 me at 850-412-4540.

Sincerely,


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

DH/kb
Enclosure

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