STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967775	**06/04/2014**
NAME OF PROVIDER OR SUPPLIER **Christie's Place Assisted Living Facility**	STREET ADDRESS, CITY, STATE, ZIP CODE **471 Almansa Street Ne** **Palm Bay, FL 32907**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-06/04/2014
0030-Resident Care - Rights & Facility Procedures-05/21/2014
0051-Medication - Pill Organizers-05/21/2014
0055-Medication - Storage And Disposal-05/21/2014
0164-Records - Inspection Availability-05/21/2014

Specific Tag Findings:

0000-Initial Comments
A second revisit was conducted on 6/4/14. Christie's Place Assisted Living Facility there were no deficiencies found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 9, 2014

Administrator
Christie's Place Assisted Living Facility
471 Almansa Street Ne
Palm Bay, FL 32907

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on June 4, 2014 by representative(s) 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 surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure