

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911081	(X3) DATE SURVEY COMPLETED 06/03/2014
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 complaint investigation was conducted at Twin Cities Pavilion on 6/3/14 for CCR 2014004789 in conjunction with follow-up to Extended Congregate Monitoring visit, and a follow-up to CCR #2014002318 and 2014003389. No deficient practice was identified for the complaint portion of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 12, 2014

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

RE: Revisit plus complaint # 2014004789

Dear Administrator:

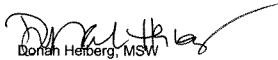
This letter reports the findings of a complaint & revisit survey conducted on June 3, 2014 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. All deficiencies shall be corrected no later than July 3, 2014.

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 this office at 850-412-4540.

Sincerely,


Donah Herberg, MSW
Field Office Manager

DH/dh
Enclosure

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