

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968286	(X3) DATE SURVEY COMPLETED 07/07/2014
NAME OF PROVIDER OR SUPPLIER Christallis Manor, Corp.	STREET ADDRESS, CITY, STATE, ZIP CODE 2119 Wilson Street Hollywood, FL 33020	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-07/07/2014

0050-Medication - Self Administered Medications-07/07/2014

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to the relicensure survey was conducted on 07/07/14 at Christallis Manor Corp. The facility had no licensure deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 10, 2014

Administrator
Christallis Manor, Corp.
2119 Wilson Street
Hollywood, FL 33020

Dear Administrator:

This letter reports the findings of a State Relicensure Revisit Survey conducted on July 7, 2014 by a representative from 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.

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


 Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

DT9D

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