

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911081	(X3) DATE SURVEY COMPLETED 08/12/2014
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

On August 11, 2014 through August 12, 2014 a complaint investigation (CCR# 2014007855) was conducted at Twin Cities Pavilion Assisted Living Facility. There was no deficient practice identified at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

August 22, 2014

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

RE: CCR #2014007855

Dear Administrator:

This letter reports the findings of a complaint survey completed on August 12, 2014 by representative(s) 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(s). Should you have any questions, please contact me at 850-412-4540.

Sincerely,

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

DH/kb
Enclosure

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