

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911081	(X3) DATE SURVEY COMPLETED 09/05/2014
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)		

An unannounced second revisit survey was conducted on 9/5/2014 for CCR #2014002318 and 2014003389. An Extended Congregate Care survey was conducted in conjunction. Twin Cities Pavilion had no deficient practice at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 10, 2014

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

RE: CCR #2014002318 and 2014003389

Dear Administrator:

This letter reports the findings of a state licensure survey revisit to CCR# 2014002318 and 2014003389 and an Extended Congregate Care monitoring survey conducted on September 5, 2014 by a representative 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. Should you have any questions please call me at 850-412-4540.

Sincerely,


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

DH/kb
Enclosure

DT9D

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