RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 22, 2014

Administrator
Apple House II
2301 South Highway 17
Crescent City, FL 32112

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on August 7, 2014 by a representative of this office. Enclosed is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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 (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw

Enclosure

Alachua Field Office
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964723	**08/07/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Apple House Ii	**2301 S. Hwy. 17 Crescent City, FL 32112**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Change of Ownership survey with Limited Nursing Services was conducted on August 6 & 7, 2014 at Apple House II, 2301 S. Hwy 17, Crescent City, Fl. Deficient practice was not identified at the time of the survey. The facility is in compliance.