

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911081	(X3) DATE SURVEY COMPLETED 11/10/2014
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 Extended Congregate Care monitoring visit was done on 11/10/2014 at the Twin Cities Pavilion assisted living facility. The Twin Cities Pavilion had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 14, 2014

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

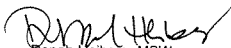
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on November 10, 2014 by representative(s) of this office. Attached 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(s). Should you have any questions please call me at 850-412-4540.

Sincerely,


Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

1GGN

