STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910367	12/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cresthaven East	5100 Cresthaven Blvd. Haverhill, FL 33415	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0054-Medication - Records-12/16/2014
E210-Ecc - Training-12/16/2014

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to the Extended Congregate Care monitoring survey was conducted on 12/16/14. Cresthaven East had no deficiencies identified at the time of the follow-up survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 05, 2015

Administrator
Cresthaven East
5100 Cresthaven Blvd.
Haverhill, FL 33415

Re: Extended Congregate Care (ECC)

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on December 16, 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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