

|                                                                                                        |                                                                                                   |                                                     |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11910367</b>                         | (X3) DATE SURVEY COMPLETED<br><br><b>12/16/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Cresthaven East</b>                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>5100 Cresthaven Blvd.<br/>Haverhill, FL 33415</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(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:

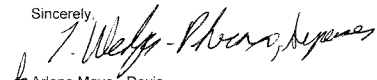
This letter reports the findings of a State Licensure Revisit Survey conducted on December 16, 2014 by a representative from this office.

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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