STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966273	12/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cedar Creek Life Center	4279 Judith Ave Merritt Island, FL 32953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-12/15/2014
0010-Admissions - Continued Residency-12/15/2014
0055-Medication - Storage And Disposal-12/15/2014
0076-Do Not Resuscitate Orders (dnros)-12/15/2014
0078-Staffing Standards - Staff-12/15/2014
0085-Training - Nutrition & Food Service-12/15/2014
0093-Food Service - Dietary Standards-12/15/2014
0152-Physical Plant - Safe Living Environ/other-12/15/2014
0161-Records - Staff-12/15/2014
E208-Ecc - Records-12/15/2014
E210-Ecc - Training-12/15/2014

Initial Comments
A revisit survey was conducted on 12/15/2014. Cedar Creek Life Center Assisted Living had no deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
0010-Admissions - Continued Residency 58A-5.0181(4) FAC
0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
0076-Do Not Resuscitate Orders (DNROs) 58A-5.0186 FAC
0078-Staffing Standards - Staff 58A-5.019(2) FAC
0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
0093-Food Service - Dietary Standards 58A-5.020(2) FAC
0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
0161-Records - Staff 58A-5.024(2) FAC
E208-ECC - Records 58A-5.030(9) FAC
E210-ECC - Training 58A-5.0191(7) FAC

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2015

Administrator
Cedar Creek Life Center
4279 Judith Ave
Merritt Island, FL 32953

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on December 15, 2014 by representative(s) 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(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

DT9D

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