



RICK SCOTT  
GOVERNOR  
ELIZABETH DUDEK  
SECRETARY

March 3, 2015

Administrator  
Prestige Manor  
6040 Southeast Front Road  
Bellevue, FL 34420

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on December 17, 2014 by a representative of this office.

Enclosed 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

A handwritten signature in black ink, appearing to read "Krista J. Mennella".

Krista J. Mennella  
Field Office Manager

KJM/amw  
Enclosure



|                                                                                                        |                                                                                                       |                                                     |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11911157</b>                             | (X3) DATE SURVEY COMPLETED<br><br><b>12/17/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Prestige Manor</b>                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>6040 Southeast Front Road<br/>Belleview, FL 34420</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                       |                                                     |

**Revisit Corrected Tags:**

0008-Admissions - Health Assessment-12/17/2014  
 0010-Admissions - Continued Residency-12/17/2014  
 0165-Risk Mgmt & Qa; Adverse Incident Report-12/17/2014  
 0167-Resident Contracts-12/17/2014

0000-Initial Comments

On 12/17/2014 unannounced follow-up survey to CCR #2014007813 was conducted at Prestige Assisted Living Facility in Belleview Florida. No discernible deficiencies were identified as a result of this survey. The facility was in compliance at this time.