

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910470	(X3) DATE SURVEY COMPLETED 02/27/2015
NAME OF PROVIDER OR SUPPLIER Carpenter's Creek Community	STREET ADDRESS, CITY, STATE, ZIP CODE 5918 North Davis Highway Pensacola, FL 32503	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

A Limited Nursing Service monitoring visit was conducted 2/27/2015. At the time of survey the facility did not have deficient practice.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

March 3, 2015

Administrator
Carpenter's Creek Community
5918 North Davis Highway
Pensacola, FL 32503

Dear Administrator:

This letter reports findings of a Limited Nursing Services monitoring survey that was conducted on February 27, 2015 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, M.S.W.
Field Office Manager

DH/kb
Enclosure

1GGN

