STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910367	**04/13/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Unannounced Licensure Complaint Investigations # 2015002023 and # 2015002409 were conducted on 03/19/2015-03/31/2015 and 4/13/15 at Crest Haven East Assisted Living Facility. The facility had no deficiencies identified for either complaint investigation.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 16, 2015

Administrator
Cresthaven East
5100 Cresthaven Blvd.
Haverhill, FL 33415

RE: CCR #2015002023 and #2015002490

Dear Administrator:

This letter reports the findings of a Complaint Survey completed on March 19, 2015 to March 31, 2015 and April 13, 2015 by a representative from this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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