

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11966948

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
6/11/2015

Name of Facility

CARINGTON MANOR

Street Address, City, State, Zip Code

3215 EAST JAMES LEE BLVD
CRESTVIEW, FL 32539

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0008 Reg. # 429.26(4-6) FS; 58A-5.0181 LSC	Correction Completed 06/11/2015	ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 06/11/2015	ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed 06/11/2015
ID Prefix A0082 Reg. # 58A-5.0191(3) FAC LSC	Correction Completed 06/11/2015	ID Prefix AZ816 Reg. # 408.809(2)(a-c) FS LSC	Correction Completed 06/11/2015	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

State Agency

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

CMS RO

Followup to Survey Completed on:

4/14/2015

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES

NO

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966948	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/11/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CARRINGTON MANOR

**3215 EAST JAMES LEE BLVD
CRESTVIEW, FL 32539**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments An unannounced follow-up to licensure survey was conducted at Carrington Manor assisted living facility on 6/11/15. No deficient practice was found at the time of the survey.	{A 000}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 22, 2015

Administrator
Carington Manor
3215 East James Lee Blvd
Crestview, FL 32539

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on June 11, 2015 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 me at 850-412-4540.

Sincerely,

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

DT9D

