STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966273	**08/18/2015**
NAME OF PROVIDER OR SUPPLIER **CEDAR CREEK LIFE CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **4279 JUDITH AVE** **MERRITT ISLAND, FL 32953**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A complaint investigation #2015006791 was conducted on 8/18/15. Cedar Creek Assisted Living Facility with ECC and LNS had a deficiency found at the time of the visit. Refer to the revisit to Complaint Investigation #2015003141 for the deficiency cited. The complaint was substantiated.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 21, 2015

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

RE: CCR #2015006791 w/ECC/LNS

Dear Administrator:

This letter reports the findings of a complaint survey completed on August 18, 2015 by representative(s) of 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. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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