

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 11/05/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953542	(X3) DATE SURVEY COMPLETED 10/21/2015
NAME OF PROVIDER OR SUPPLIER CORNERSTONE AT LONGWOOD (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 480 EAST CHURCH AVENUE LONGWOOD, FL 32750	

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

0000 Initial Comments

A complaint investigation (CCR 2015008254) was conducted at Cornerstone at Longwood, Longwood, Florida on 10/21/15. No deficient practice was found at the time of the complaint investigation.



RICK SCOTT
GOVERNOR

ELIZABETH DUKE
SECRETARY

November 9, 2015

Administrator
Cornerstone At Longwood (the)
480 East Church Avenue
Longwood, FL 32750

RE: CCR #2015008254

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 21, 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

