STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967775	10/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTIE'S PLACE ASSISTED LIVING FACILITY	471 ALMANSA STREET NE PALM BAY, FL 32907

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

0000 Initial Comments

Mid cycle monitoring was conducted on 10/28/15. A complaint (2015010659) inspection was conducted on 10/25/15. Deficient practice was identified and continued relative to A0008. The deficient practice was cited during the complaint inspection conducted on 10/25/15.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

Administrator
Christie's Place Assisted Living Facility
471 Almansa Street NE
Palm Bay, FL 32907

RE: Mid cycle monitoring

Dear Administrator:

This letter reports findings of a state licensure mid cycle monitoring survey that was conducted on October 28, 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 Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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