



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

January 5, 2016

Administrator
Apple House II
2301 South Highway 17
Crescent City, FL 32112

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 29, 2015 by a representative of this office. Enclosed 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Charles Borg for
Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

1GGN



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/05/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964723	(X3) DATE SURVEY COMPLETED 12/29/2015
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NAME OF PROVIDER OR SUPPLIER APPLE HOUSE II	STREET ADDRESS, CITY, STATE, ZIP CODE 2301 S. HWY. 17 CRESCENT CITY, FL 32112
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**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 Initial Comments

An unannounced Limited Nursing Service Monitoring survey was conducted on 12/29/2015 at Apple House II Assisted Living Facility in Crescent City, FL. There were no deficiencies identified at the time of the survey.