

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/13/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968835	(X3) DATE SURVEY COMPLETED 12/16/2015
NAME OF PROVIDER OR SUPPLIER PINEWOOD ESTATES ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4055 PINEWOOD RD MELBOURNE, FL 32934	

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

0000 Initial Comments

A monitoring visit for Limited Nursing Services and Extended Congregate Care was conducted on 12/16/15. Pinewood Estates Assisted Living Facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 20, 2016

Administrator
Pinewood Estates Assisted Living Facility
4055 Pinewood Rd
Melbourne, FL 32934

**RE: Limited Nursing Services Monitoring
and Extended Congregate Care Monitoring**

Dear Administrator:

This letter reports findings of a state licensure monitoring survey that was conducted on December 16, 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,

A handwritten signature in dark ink, appearing to read "Theresa DeCanio".

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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