

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/25/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911081	(X3) DATE SURVEY COMPLETED 05/18/2016
NAME OF PROVIDER OR SUPPLIER TWIN CITIES PAVILION	STREET ADDRESS, CITY, STATE, ZIP CODE 1053 JOHN SIMS PARKWAY NICEVILLE, FL 32578	

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

0000 Initial Comments

An extended congregate care (ECC) monitoring visit was conducted at Twin Cities Pavilion on 5/18/16. Deficient practice was not identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 25, 2016

Administrator
Twin Cities Pavilion
1053 John Sims Parkway
Niceville, FL 32578

RE: ECC Monitoring

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on May 18, 2016 by a representative 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. Should you have any questions please call me at 850-412-4540.

Sincerely,



Dorian Heiberg
Field Office Manager

DH/dh
Enclosure

1GGN

