



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 11, 2016

Administrator
Cranes View Lodge
1601 Hooks Street
Clermont, FL 34711

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on June 1, 2016 by representative(s) of this office.

Enclosed is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/11/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968651	(X3) DATE SURVEY COMPLETED R 06/21/2016
NAME OF PROVIDER OR SUPPLIER CRANES VIEW LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 HOOKS ST CLERMONT, FL 34711	

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

0000 Initial Comments

On June 21, 2016, a follow-up survey was completed in reference to CCR#2016002249 at Cranes View Lodge Assisted Living Facility (facility license number 12546). The deficient practice in the follow-up was cleared only.