RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 19, 2016

Administrator
Crescent Lake House
2301 S. Hwy. 17
Crescent City, FL 32112

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on August 19, 2016 by representative(s) of this office.

Attached is the provider's copy of the State Form, 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 Chuck Bory at (386) 462-6201.

Sincerely,

Charles Bory for

Kriste J. Mennella
Field Office Manager

KJM/CB
Enclosure

DT9D

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964723	R **08/19/2016**
NAME OF PROVIDER OR SUPPLIER **CRESCENT LAKE HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2301 S. HWY. 17** **CRESCENT CITY, FL 32112**	

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

0000 Initial Comments

A desk review was conducted on 8/19/2016 as follow-up on Change of Ownership survey for Crescent Lake House (facility license number #9265). The previously cited deficiencies were cleared as a result of the desk review.