STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953542	**11/01/2016**
NAME OF PROVIDER OR SUPPLIER **CORNERSTONE LONGWOOD LEASING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **480 EAST CHURCH AVENUE LONGWOOD, FL 32750**	

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

0000 Initial Comments

A Complaint Investigation visit #2016012253 was conducted on 11/1/2016. Cornerstone Longwood Leasing, LLC. (License# 5315) had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 7, 2016

Administrator
Cornerstone Longwood Leasing, LLC
480 East Church Avenue
Longwood, FL 32750

RE: CCR #2016012253

Dear Administrator:

This letter reports the findings of a complaint survey completed on November 1, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. However, Cornerstone Longwood Leasing, LLC had deficiencies cited under complaint investigation #2016012523, completed on November 1, 2016. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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