RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 17, 2017

Administrator
Crescent Park Village
551 Redstone Ave W
Crestview, FL 32536

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on January 12, 2017 by a representative of this office.

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. Should you have any questions please call me at 850-412-4540.

Sincerely,

For Donah Heiberg, M.S.W
Field Office Manager

DH/kc
Enclosure

DT9D

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965787	R **01/12/2017**
NAME OF PROVIDER OR SUPPLIER **CRESCENT PARK VILLAGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **551 REDSTONE AVE W** **CRESTVIEW, FL 32536**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 1/12/17 for a change of ownership survey (CHOW) originally conducted on 11/22/16 at Crescent Park Village, License # 10102. Previously cited deficiencies were found to be corrected at the time of the revisit.