

8/21/2012

## State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /  
Identification Number  
AL11911682(Y2) Multiple Construction  
A. Building  
B. Wing(Y3) Date of Revisit  
8/20/2012Name of Facility  
OAK HAVENStreet Address, City, State, Zip Code  
9040 STAR TRAIL  
NEW PORT RICHEY, FL 34654

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

| (Y4) Item                                                              | (Y5) Date                             | (Y4) Item                                    | (Y5) Date               | (Y4) Item                                    | (Y5) Date               |
|------------------------------------------------------------------------|---------------------------------------|----------------------------------------------|-------------------------|----------------------------------------------|-------------------------|
| ID Prefix <u>A0052</u><br>Reg. # <u>58A-5.0185(3) FAC</u><br>LSC _____ | Correction<br>Completed<br>08/20/2012 | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction<br>Completed | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction<br>Completed |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                           | Correction<br>Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction<br>Completed | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction<br>Completed |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                           | Correction<br>Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction<br>Completed | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction<br>Completed |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                           | Correction<br>Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction<br>Completed | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction<br>Completed |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                           | Correction<br>Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction<br>Completed | ID Prefix _____<br>Reg. # _____<br>LSC _____ | Correction<br>Completed |

Reviewed By

State Agency

Reviewed By

CMS RO

Reviewed By

Reviewed By

Date:

Date:

Signature of Surveyor:

Signature of Surveyor:

Date:

Date:

Followup to Survey Completed on:

5/29/2012

Check for any Uncorrected Deficiencies. Was a Summary of  
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO

RICK SCOTT  
GOVERNOR



ELIZABETH DUDEK  
SECRETARY

August 21, 2012

Administrator  
Oak Haven  
9040 Star Trail  
New Port Richey, FL 34654

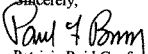
Dear Administrator:

This letter reports the findings of a state licensure survey revisit and an extended congregate care (ECC) monitoring visit conducted on August 20, 2012, by a representative of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit, and the State (3020) Form, which indicates no deficiencies were identified at the time 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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,  
  
for Patricia Reid Cauffman  
Field Office Manager

PRC/kpr

Enclosures: Revisit Report & State Form 3020

