

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910251	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2012
NAME OF PROVIDER OR SUPPLIER INDIAN OAKS MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 11355 131ST STREET N LARGO, FL 33774		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
A 000	Initial Comments Assisted Living Facility Two complaint surveys, CCR# 2012009832 and CCR# 2012007852, were conducted on 09/27/12 in conjunction with a revisit, see (Aspen Event HLQN12). Indian Oaks Manor assisted living facility had no deficiencies found relative to the complaint surveys. An uncorrected deficiency was cited relative to the revisit, see (Aspen Event HLQN12).	A 000		

AHCA Form 3020-0001

TITLE

(X8) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

QRVS11

If continuation sheet 1 of 1



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

October 8, 2012

Administrator
Indian Oaks Manor
11355 131st Street N
Largo, FL 33774

Dear Administrator:

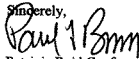
Re: Revisit & CCR# 2012009832 & CCR# 2012007852

This letter reports the findings of a state licensure survey revisit and two complaint surveys that were conducted on September 27, 2012, by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the uncorrected deficiencies that were identified on the day of the visit relative to the revisit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your 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

