



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

November 27, 2012

Administrator
Oakridge Assisted Living Facility
297 SW County Road 300
Mayo, FL 32066

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on October 29, 2012 by representative(s) of this office. Attached is the provider's copy of the State (3020) Form, which indicates there were no discernible deficiencies noted on the date 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(s). Should you have any questions please call Anna Lopez at (386) 462-6201.

Sincerely,

Anna Lopez, NIOS for
Kriste J. Mennella
Field Office Manager

KJM/al
Enclosure: State Form 3020

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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965486	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/29/2012
NAME OF PROVIDER OR SUPPLIER OAKRIDGE ASSISTED LIVING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 297 SW COUNTY ROAD 300 MAYO, FL 32066		
(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)	(X5) COMPLETE DATE	
A 000	Initial Comments On 10/29/2012 unannounced Extended Congregate Care (ECC) monitoring survey was conducted at Oakridge Assisted Living Facility in Mayo Florida. No discernible deficiencies were identified as a result of this survey. The facility was in compliance at this time.	A 000			

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

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If continuation sheet 1 of 1