

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968413	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/05/2012
NAME OF PROVIDER OR SUPPLIER PLANTATION OAKS SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 9309 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32837		
(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 12/5/12 conducted Assisted Living Facility initial licensure survey at Plantation Oaks Senior Living. The capacity was 150 and the census was 36 independent residents, occupying 35 rooms. There were 33 rooms that were under construction at the time. There were no deficiencies found at the time of the visit.		A 000		

AHCA Form 3020-0001

TITLE

(X8) DATE

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

STATE FORM

6899

RYJU11

If continuation sheet 1 of 1

RICK SCOTT
GOVERNOR



Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

December 10, 2012

Administrator
Plantation Oaks Senior Living
9309 S Orange Blossom Trail
Orlando, FL 32837

Dear Administrator:

This letter reports the findings of an **initial Licensure survey** conducted on December 5, 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. **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(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

MP96

