



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

June 7, 2013

Administrator
Spring Oaks
7251 Grove Road
Brooksville, FL 34613

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on April 26, 2013 by a representative of this office. Enclosed is the provider's copy of the Revisit Report, which indicates 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 this office at (386) 462-6201.

Sincerely,


Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure

JSXD

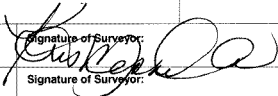


6/3/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11966595	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 4/26/2013
Name of Facility SPRING OAKS		Street Address, City, State, Zip Code 7251 GROVE RD BROOKSVILLE, FL 34613

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>A0027</u> Reg. # <u>58A-5.0182(3) FAC</u> LSC _____	Correction Completed 04/26/2013	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
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ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
Reviewed By _____ State Agency	Reviewed By _____	Date: _____ Signature of Surveyor: 	Date: <u>6/4/13</u>	Reviewed By _____ CMS RO	Reviewed By _____
Followup to Survey Completed on: 2/19/2013		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			