



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 19, 2013

Administrator
Five Oaks Rest Home
611 Old Welaka Road
Welaka, FL 32193

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on August 7, 2013 by representative of this office. Enclosed is the provider's copy of the State (5000-3547) 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure

1GGN



AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/19/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911086	(X3) DATE SURVEY COMPLETED 08/07/2013
NAME OF PROVIDER OR SUPPLIER Five Oaks Rest Home	STREET ADDRESS, CITY, STATE, ZIP CODE 611 Old Welaka Road Welaka, FL 32193	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Abbreviated/LNS survey was conducted on August 07, 2013. The facility was in compliance with Chapter 429, Part I & 408, Part II, Florida Statute and 58A-5, Florida Administrative Code as it pertains to this survey.