STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965330	**09/05/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Arcadia Oaks Assisted Living	**1013 East Gibson Street Arcadia, FL 34266**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0025-Resident Care - Supervision-09/05/2013
0030-Resident Care - Rights & Facility Procedures-09/05/2013
0057-Medication - Over The Counter (otc) Products-09/05/2013
0082-Training - Hiv/aids-09/05/2013
0084-Training - Assis Self-Admin Meds & Med Mgmt-09/05/2013
0086-Training - Adrd-09/05/2013
0090-Training - Do Not Resuscitate Orders-09/05/2013
0091-Training - Documentation & Monitoring-09/05/2013
0093-Food Service - Dietary Standards-09/05/2013
0152-Physical Plant - Safe Living Environ/other-09/05/2013
0161-Records - Staff-09/05/2013
Z815-Background Screening; Prohibited Offenses-09/05/2013

An unannounced follow-up to the Biennial survey was conducted on 9/05/13 at Arcadia Oaks Assisted Living.

All previous citations have been substantially improved or corrected.

No deficiencies were cited relevant to the survey during this visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC

0082-Training - HIV/AIDS 58A-5.0191(3) FAC

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

0086-Training - ADRD 58A-5.0191(9) FAC

0090-Training - Do Not Resuscitate Orders 58A-5.0191(11) FAC

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

0161-Records - Staff 58A-5.024(2) FAC

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 10, 2013

Administrator
Arcadia Oaks Assisted Living
1013 East Gibson Street
Arcadia, FL 34266

Dear Administrator:

This letter reports the findings of a Biennial survey revisit conducted on September 5, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), 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 (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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Tallahassee, FL 32308
http://ahca.myflorida.com

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Fort Myers, FL 33901
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