

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/20/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965330	(X3) DATE SURVEY COMPLETED 12/13/2013
NAME OF PROVIDER OR SUPPLIER Arcadia Oaks Assisted Living	STREET ADDRESS, CITY, STATE, ZIP CODE 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-12/13/2013

This is the third follow-up to Complaint Surveys, CCR# 2013002380 and CCR#2013001667 which was conducted on 12/13/13 at Arcadia Oaks an Assisted Living Facility (ALF) in Arcadia, Florida.

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 20, 2013

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

CCR# 2013002380 and CCR#2013001667

Dear Administrator:

This letter reports the findings of a third Complaint survey revisit conducted on December 13, 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

